



Northern Health
and Social Care Trust



Working together



Excellence



Openness & Honestly



Compassion



CHIEF EXECUTIVE MESSAGE

I am delighted to present to you the Annual Quality Report for 2022/2023. During the past year, we have been focusing on rebuilding and re-shaping our services. We have at last been able to say that we are moving on from the COVID-19 pandemic and, while the disease is still with us, it is no longer the single focus of our attention. I want to begin by paying tribute to our staff who have been through so much over the past three years, and yet still have the energy and resilience to look to the future and plan ahead.

The Northern Health and Social Care Trust provides a range of health and social care services to a population of approximately 479,000 people across a geographical area of 1,733 square miles (2,773 square km) making it the largest geographical trust in Northern Ireland. The Trust employs approximately 12,000 staff across a full range of medical, health and social care disciplines.

A new Integrated Care System (ICS) is being developed for Northern Ireland. This system signals a new way of planning, managing and delivering our health and social care services based on the specific needs of the population. In the Northern Trust we will be building on our existing relationships with primary care, local councils, education, the community and voluntary sector and others to create a strong, forward-looking local partnership - one system working together to achieve improved outcomes for the population of our area.

During the year building work on the Trust's first Learning Disability Acute Ward to support Service Users who become unwell, has been completed. The Trust proposed the development of this three-bed ward, to manage a gap in provision of acute inpatient care for those who needed treatment under

the Mental Health Order. It offers a safe, secure space for patients to receive dedicated multidisciplinary treatment.

The District Nursing Service saw the development of the Career Pathway to clarify and strengthen the important clinical nursing roles that are essential to support the transformational change required to ensure that district nursing services meet the needs of their population. This is through the delivery of high quality care, safe, effective, person and family-centred care, collaborative engagement, impact measurement of outcomes and effective co-production. The first Consultant District Nurse in the Trust was appointed in August 2022 and this was the first such post in Northern Ireland.

This report highlights just some of the significant achievements during what has been one of the most challenging times. We are facing up to these challenges in the only way possible: together, as Team North. Each of us has a part to play and it is only as we move forward together that we can make real progress as we try to fulfil our aim of *providing compassionate care with our community, in our community.*

I commend this report to you.



In 2011, the Department of Health, Social Services and Public Safety (now renamed to Department of Health (DoH)) launched Quality 2020: A 10 Year Strategy to 'Protect and Improve Quality in Health and Social Care in Northern Ireland'.

The Strategy defines quality under 3 main headings:

- **Safety** – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them
- **Effectiveness** – the degree to which each patient and client received the right care, at the right time, in the right place, with the best outcome
- **Patient and Client Focus** – all patients and clients are entitled to be treated with dignity and respect, and should be fully involved in decisions affecting their treatment, care and support

The Northern Health and Social Care Trust Annual Quality Report is set out in line with the 5 strategic themes within the Quality 2020 Strategy. These are:

1. Transforming the culture
2. Strengthening the workforce
3. Measuring the improvement
4. Raising the standards
5. Integrating the care

This report aims to increase public accountability and drive quality improvement within the Trust. It reviews past annual performance against corporate priorities and the goals that were set, and identifies areas for further improvement over the coming year.

The Northern Health and Social Care Trust clearly identifies continual quality improvement as a key priority in the delivery and modernisation of health and social care.

ABOUT THE NORTHERN HEALTH & SOCIAL CARE TRUST

It was a busy year for the Trust with increased demand for services, and this is reflected in the Trust's activity:

- 83,275 inpatients, inclusive of elective inpatients (compared to 95,306 in 2021/22)
- 523,842 acute outpatients across all specialties (compared to 327,538* in 2021/22)

(*The figures for Mental Health outpatients were not available for 2021/22 due to changeover to a new information system)

- 150,557 attendances at Emergency Department and Minor Injury Units (increase from 143,954)
- 36,039 day case patients across all specialties (increase from 20,287)
- 3,650 births (decrease from 3,857)
- 774 children looked after by Trust (increase from 750)
- 464 children on child protection register (decrease from 522)
- 4,982 domiciliary care packages for older people provided in the community (decrease from 6,983)



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THEME 1: **TRANSFORMING** **THE CULTURE**



2022/23 was another challenging year for the Northern Health and Social Care Trust. Further surges of the COVID-19 pandemic in addition to significant pressures on all services. The Trust again needed incredible resilience and resourcefulness from its staff – and throughout continued to provide compassionate and person-centred care. The challenges of the past number of years have shown that through the tremendous collective team spirit of all staff, they continue to show they are the Trust’s greatest asset!!



The Trust is committed to the Health and Social Care (HSC) shared values – these values, practices and behaviours are at the heart of Trust culture

and how the Trust does things is as important as what it does. The Trust’s values and behaviours are the golden thread embedded within people management, development, policies and practices.

In June 2021, the Trust launched its #teamNORTH Corporate Objectives:

- N** Build Northern Partnerships and Integrate care
- O** Continue to improve Outcomes and experience
- R** Deliver value by optimising Resources
- T** Nurture our people, enable our talent and build our Teams
- H** Improve population Health and address health and social care inequalities



Moving forward into 2022, the Trust recognised the need to build upon its vision and objectives by developing the ‘teamNorth’ story which describes what the Trust is as an organisation, where it

has been, where it is now and where it is going. That is clearly important for everyone in that it will provide a clear and unequivocal direction of travel, albeit within regional parameters.

The Trust wants to see a future where:

- It has secured the resources and the infrastructure that the population needs and deserves
- It is delivering care and treatment to the highest standards
- It has re-shaped services to meet current and emerging needs through its reform plan
- It is a good partner, a strong partner in the newly created Integrated Care System in the Northern area
- Its staff are all coming in to work each day, proud of what they are doing, proud to be part of Team North



OPEN JUST & LEARNING CULTURE

During 2022/23 the Trust's Open, Just and Learning Steering Group established three sub-groups to take forward programmes of work to support the development of awareness and understanding and to further embed an open, just and learning culture.

One sub-group completed a review of a number of Trust and regional policies to ensure the language and approach is open and supports a learning approach when things go wrong.

Work is also underway to launch a new programme 'NURTURE' aimed primarily at new employees to the Trust, and setting out how staff can raise concerns with confidence, how the Trust promotes psychological safety in teams and how respect, kindness and inclusion underpins all that TeamNorth does.

Overall, 259 staff attended Human Resource clinics in 2022, to learn about how the Trust was embracing an open, just and learning culture and this was demonstrated through the launch of the new regional Disciplinary policy.

PERSONAL & PUBLIC INVOLVEMENT (INCLUDING PATIENT & SERVICE USER EXPERIENCE)

Understanding what matters most to service users, carers and local communities, particularly given the diverse rural and urban differences in the Trust area, helps to provide services that are accessible and responsive to all. The Trust is committed to making sure that the voices of service users and carers are at the heart of all planning and delivery of services.

Personal and Public Involvement (PPI) has been a statutory requirement since 2009 and has been further enhanced by the DOH Co-Production Guidelines which were published in 2018. PPI is the term used to describe the concept of involving ordinary people and local communities in the planning, commissioning, delivery and evaluation of the health and social care services. Patient and Client Experience (PCE)

standards have been in place since 2009. Overall, the outcome of PCE is to ensure the voices of the service user and carers, and their experience, results in change and improvement. Understanding patient experience is a key step in moving toward patient-centred care.

The [Integrated Involvement Plan](#) sets out the Trust's vision, commitment and integrated approach to PCE, PPI and Co-production activities. Within the Trust, this includes Patient Experience Standards, the Patient Experience Collaborative/real time feedback and 10,000 More Voices, Personal and Public Involvement and Co-Production. The creation of a central Involvement Team supports a consistent, coordinated approach to involvement.



The Trust's Engagement, Experience, Equality and Employment Group (Quadruple EG), chaired by the Director of Operations, seeks assurance that the Trust is compliant with PCE, PPI and Co-production statutory requirements and that service users, carers and communities are involved in developing and planning services.

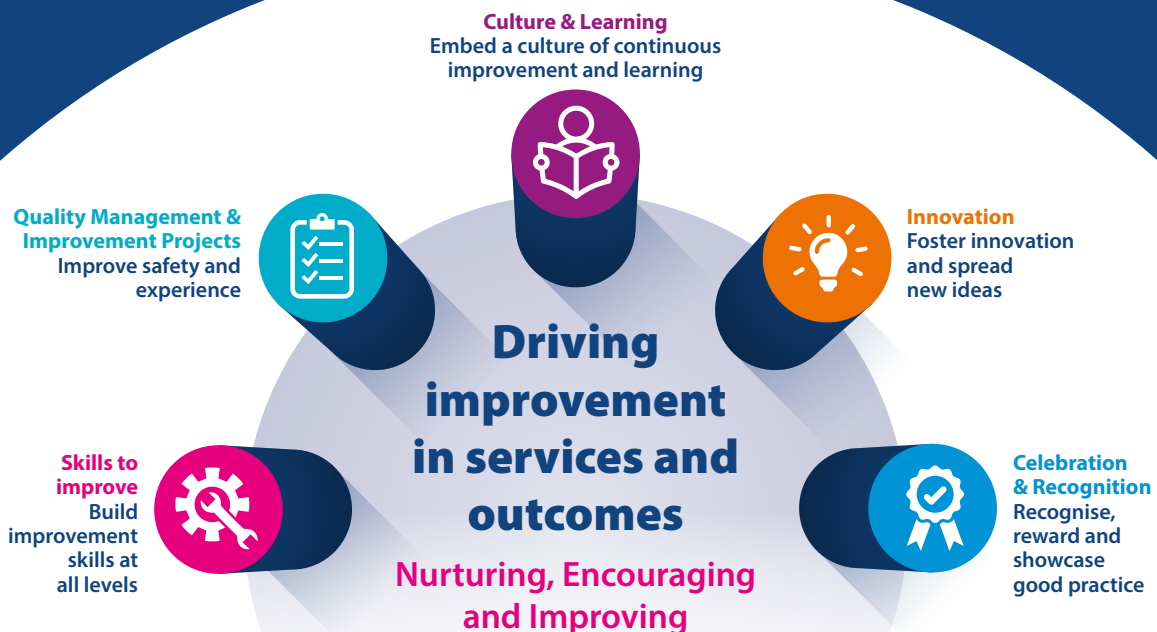
An Engagement Advisory Board has been established as an advisory body to ensure the Trust approaches engagement in a way that meets the needs and interests of all communities and to quality assure the Trust's approach to engagement throughout the lifecycle of service change projects. Members of the Engagement Advisory Board include service users and carers, selected following an expression of interest, to represent the communities served. Each member has demonstrated links with local communities and supports the Trust to engage in a meaningful way. The Trust has 14 members on the Engagement Advisory Board and met four 4 times over the last year.

The Trust's Involvement Network has continued to grow. It is made up of over 300 service users, carers and representative organisations who work in partnership with the Trust to develop health and social care services. The Network is a key resource to help shape and design services, and contribute to the development of service information. Over the last year, members have received 69 involvement opportunities and 331 members have attended more than 38 engagement events. The Trust's service users and carers have helped to shape and develop a number of service improvements. Examples of the range of involvement projects across the Trust can be found in the Involvement Annual Report, which is available through the following link - [Output Report \(hscni.net\)](https://www.hscni.net/output-report)



Quality Improvement

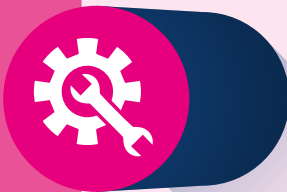
A new approach to Quality Improvement underpinning the Trusts ambition to drive improvement in services and outcomes was developed.





THEME 1: TRANSFORMING THE CULTURE

SKILLS TO IMPROVE



8,160 staff
have completed
level 1 Quality
Improvement
training



36 staff
trained in the
new Quality
Improvement
Fundamentals



In the last year
124 staff
graduated from
the Safety Quality
North programme



**Over 300
hours**
of training was
delivered enhancing
organisational QI
capability across all
staff groups



4 staff
completed
the Scottish
Improvement
Leaders
Programme



**Over
250 staff**
attended
the Quality
Improvement
Masterclass
series

QUALITY MANAGEMENT & IMPROVEMENT PROJECTS



**Over 140
improvement
projects**
aimed at improving services
and outcomes supported
through QI project clinics
and 67 hours of mentoring



2 projects
took part in the
HSCQI Timely
Access to Safe
Care programme



THEME 1: TRANSFORMING THE CULTURE



Over 280 staff

have been trained in Human Factors



4 poster presentations

show cased at the International Forum for Quality and Safety in Healthcare



Over 1,240 staff

accessed the range of events during World Quality Day 2023



CULTURE & LEARNING



27 projects

were supported via My Journey encouraging services to use more innovative ways to communicate with service users including Podcasts and webinars



INNOVATION



120 staff

attended the annual QI event and celebration in March '23 with over 40 awards presented to staff in recognition of their achievements and success



The Trust won **3 regional awards**

from HSCQI recognising teams Quality Improvement projects



649 nominations

have been made for staff across teams as part of the Greatix initiative



CELEBRATION & RECOGNITION



COMPLAINTS & COMPLIMENTS

The Trust values all feedback received from patients and service users, including complaints, compliments and suggestions. The Trust is committed to listening to and learning from all of its patients and service users, so that the Trust can continually improve the quality of services, particularly when the care provided may not have been of the standard that would be expected.

Facts/Figures

- 840 formal complaints received (an increase from 823 in 2021/22)
- 100% of complaints acknowledged within 2 days
- 51% of complaints were responded to within 20 working days
- 3,404 compliments were received through the Chief Executive's office (compared to 3,557 in 2021/22)
- The two main categories of compliments that were received relate to professional behaviour/attitudes of staff and quality of treatment and care

The top 5 categories of complaints related to:

- Quality of Treatment & Care
- Staff Attitude/Behaviour
- Communication/Information
- Waiting list, Delay/Cancellation for Outpatient appointments
- Clinical Diagnosis

Learning from complaints

The Trust continues to review complaints in an open and transparent way and considers complaints to be an important source of learning. Discussing and sharing the outcome of complaint investigations is one of the ways it improves the experience for people using Trust services and ensures that staff take the learning on board. Learning is shared and discussed in various forums, including Quarterly Complaints Review meetings with Operational Directors, Quadruple E Steering Group, which forms part of the Trust's Integrated Governance and Assurance Framework, and which feeds into the Risk & Assurance Group, and at monthly Divisional Governance meetings.

To ensure staff are aware of their responsibilities in respect of complaints, the Complaints Team provides training via e-learning and offers face-to-face training when required. Within 2022/23, a total of 415 staff completed Level 1 Complaints & Service User Experience Training. Level 2 Complaint Reviewer Training is offered to specific service groups of 10 or more via Microsoft Teams. Within 2022/23, a total of 195 staff completed Level 2 Reviewer Training.



NI PUBLIC SERVICES OMBUDSMAN (NIPSO) CASES

In instances where people are not satisfied with the outcome of an investigation into their complaint, there is an opportunity for them to approach the NIPSO Office directly. The Advice, Support Service and Initial Screening Team (ASSIST) is the public's first point of contact with the office.

Where the ASSIST team conclude that they cannot resolve the complaint, the case is forwarded to the Ombudsman's Investigations Team. In 2022/23, there were 23 requests for information from the NIPSO Office:

- 1 case was issued with an apology
- 9 cases were closed and not upheld
- 13 are on-going

INCIDENTS

An incident is described as *'any event or circumstance(s) that could have, or did lead to, harm, loss or damage to people, property, environment or reputation, or a breach of security or confidentiality'*.

The aim of the incident reporting system is to encourage an open reporting and learning culture within departments, divisions and Trust-wide, acknowledging that lessons learned need to be shared to improve safety, and apply best practice in managing risks.

The Trust uses DATIXWeb, an electronic risk management system. This web-based system facilitates the reporting of incidents in a timely manner; information regarding incidents is more accessible via dashboard reporting; and incident details are held in one single place. This supports timelier reporting, more efficient analysis and learning for the organisation, and facilitates the ownership and management of risk. Data and information on incidents also contributes to the identification and establishment of quality improvement projects within the Trust.

In terms of the wider Risk Management agenda, a number of other modules are available within the DATIXWeb system in the Trust; these are Risk Register, Safety Alerts, Complaints, Serious Adverse Incidents (within the Incident module), Coroner's and Claims. This holistic risk management system for the Trust supports more timely learning and supports decision-making.

A total of 23,265 incidents were reported in 2022/23, which is an increase of nearly 18% from the previous year. This increase is reflective of the continued training and awareness that has taken place around incident reporting and the continued use of Trigger Lists for incident reporting. Trigger Lists outline the types of incidents the Trust would expect to be reported should they occur.

**Total Number of Incidents and Top 5 reported Incident Types**

Financial year	Total Incidents	Slip/ Trip/ Fall	Violence/ Aggression	Medication	Absconded	Communication
2022/23	23,265	6,415	3,683	1,609	691	659

Note: Figures are correct at the time of publication, therefore figures may be subject to change

Serious Adverse Incidents

A Serious Adverse Incident (SAI) is 'an event which may have caused unexpected serious harm or death'. During the period 2022/23, a total of 77 SAIs were identified. In the previous financial year, 106 SAIs were reported, representing a decrease in SAIs notified to the Strategic Planning and Performance Group (SPPG).

The table below outlines the number of SAIs involving death for the period 2022/23 at the time of reporting:

Division	Total SAIs reported to the Strategic Planning and Performance Group (SPPG) involving death
Mental Health and Learning Disability Services (MHLDCW)	30
Surgical and Clinical Services (SCS)	3
Medicine and Emergency Medicine (MEM)	9
Women's, Children's and Family Services (WCF)	3
Community Care (CC)	3
Total	48

One of the SAI criteria which impacts the Mental Health, Learning Disability and Community Wellbeing Division is 'Suspected suicide of a service user who has a mental illness or disorder and is known to/referred to mental health or learning disability services in the 12 months prior to the incident'. Sadly, the number of suicide related deaths are significant but also clients who have had limited contact with services in the year before death are required to be reviewed as a SAI. This means the number of SAI notifications from this Division, involving a death, are higher than other Divisions.

Learning from Serious Adverse Incidents

Each SAI report is presented at a Safety Panel, chaired by an Executive Director, which considers the quality and robustness of the review and examines the recommendations to ensure the learning from the SAI is reflected in the outcomes and disseminated internally to staff and/or shared regionally. The Learning for Improvement Group (which is a sub-group, reporting to the Safety and Care Quality Steering Group, within the Trust's overarching Assurance Framework) provides oversight of those recommendations and ensures that learning has been shared appropriately and trends identified.



Learning can be indicated for sharing regionally, which can be achieved through the issuing of an immediate alert, a learning letter, a reminder of best practice letter or through the regional newsletter 'Learning Matters' which can be accessed via

<https://www.publichealth.hscni.net/publications/learning-matters-newsletters>

LEADERSHIP SAFETY HUDDLES

There are numerous informal and formal opportunities for senior leaders to engage with frontline staff and services to demonstrate that their contribution to safe service delivery is valued, and to strengthen collaboration between leaders and frontline staff. Leadership Safety Huddles (*previously called Leadership Walkrounds*) is one of the formal opportunities for senior leaders to talk to and listen to frontline staff about issues and concerns relating to service user safety, and encourage participation in quality and safety improvement at all levels of the Trust.

During 2022/23, a total of 35 Leadership Safety Huddles were held, which is an increase from the 29 held during the previous year. As mentioned in last year's report, Leadership Safety Huddles have now been extended to incorporate services across all areas of the Trust.



THEME 2: **STRENGTHENING THE WORKFORCE**



INVESTORS IN PEOPLE®
We invest in people Silver

**INVESTORS IN PEOPLE (IIP)
REACCREDITATION**

The Northern Health and Social Care Trust achieved IIP Silver status in January 2023, demonstrating progression across all nine framework indicators and improving on the Trust’s previous accredited status. This was a great result for Team NORTH, and no mean feat considering the tremendous challenges faced over the last number of years. The outcome and associated feedback reflects what staff have achieved together through the most challenging of times and recognises the Trust’s growth.

Importantly, it provides reassurance that the Trust is doing many of the right things, whilst also offering some fantastic insights and learning to help keep moving forward and shape how best to support our people. The feedback provided as part of the assessment outcome helped inform the Trust’s *People and Culture Plan* to support alignment of people and culture commitments to the corporate objective of ‘Nurturing our People, Enabling our Talent and Building our Teams’.



**PEOPLE AND CULTURE PLAN
2023-26**

The Trust developed a new three-year People and Culture Plan 2023-26, due for launch in early May 2023. The Plan will be supported by the *Team NORTH Cultural Framework* to help teams and divisions to focus on their people agendas.



LEARNING MANAGEMENT SYSTEM

The interim regional learning management system (LMS) project started in Autumn 2022. A Trust local implementation team was established to support readiness and preparations for the new system to go live in May 2023.



THEME 2: STRENGTHENING THE WORKFORCE

TRAINING FIGURES AS AT 31 MARCH 2023



71% of staff trained at Level 1 of the Quality 2020 training attributes framework



61% of managers trained in Openness



66% of Agenda for Change staff undertaking an in-year appraisal



99% appraisal rate for medical staff



34% of frontline workers received the flu vaccination



82% of staff trained in Information Governance Awareness



74% of staff trained in Cyber Security



59% of staff trained in Fire Safety Awareness

STAFF COMMUNICATIONS

Staffnet was revamped in January 2023 offering various new content areas, a more efficient and user-friendly content management system and improvements in mobile responsiveness and web content accessibility. An online corporate calendar was also introduced for events and campaigns, and improved mini-sites for 'Working Here' and 'Your Health' with further development planned.

Team North Brief continues to be shared with managers to provide important corporate information, including details of health and wellbeing support services that are available for staff. The Team North Brief provides managers with a template for team meetings

to share information and updates with their team.

The Trust worked closely with Trade Union colleagues around industrial action by their members, and communicated with staff and service users around the impact to services.

Consultation on the transformation of maternity services included engagement with a range of stakeholders, including staff and pregnant women in the Trust's care, with communications playing a key role in the consultation process.



PEOPLE PULSE

MARCH 2023

'People Pulse' is now issued on a monthly basis, distributed through email to all staff and made available through the Trust's intranet page. This provides a consolidated Human Resource information in one place, highlighting Health & Wellbeing initiatives, directing new staff to corporate welcome events, upcoming training events and promoting Equality, Diversity and Inclusion activity, amongst many others.

DEVELOPING LEADERSHIP CAPABILITY

Developing and nurturing compassionate, inclusive and effective leaders and managers at all levels and in all areas of the Trust is one of Team North's strategic people priorities. A total of 89 Team North leaders were supported to undertake formal clinical and non-clinical leadership programmes, including regional and bespoke Trust offerings.

The Trust continued to build on work undertaken in 2021/22 to enhance leadership capability and define what it is to be a Team North Leader, through the launch of three new pilot Team North Leadership Development Pathways. The programmes launched in September 2022 with 60 participants, running in parallel with the fourth cohort of the CONNECT Medical Leadership Programme.

All four bespoke leadership development programmes are grounded in the collective leadership model, helping to build leadership capability at all levels by developing the next generation of Team North Leaders.

LEADERSHIP CONFERENCE

Over 360 leaders and managers attended the Team North Leadership Conference '*Leading Team North – Care, Compassion, Community*' in early September 2022. Attendees had the opportunity to hear key messages from Chief Executive, Jennifer Welsh, as well as an array of Trust and external guest speakers who shared learning and insights to inspire and motivate attendees in their leadership role.

TEAM NORTH SEPTEMBER

The Leadership Conference marked the start of a month-long programme of events, known as *Team NORTH September*. The campaign aimed to encourage teams to take time together to think about enabling talent, nurturing people and building teams. It provided an opportunity to both look back to celebrate what was achieved through significant challenge, as well as think about the future and how to support teams.

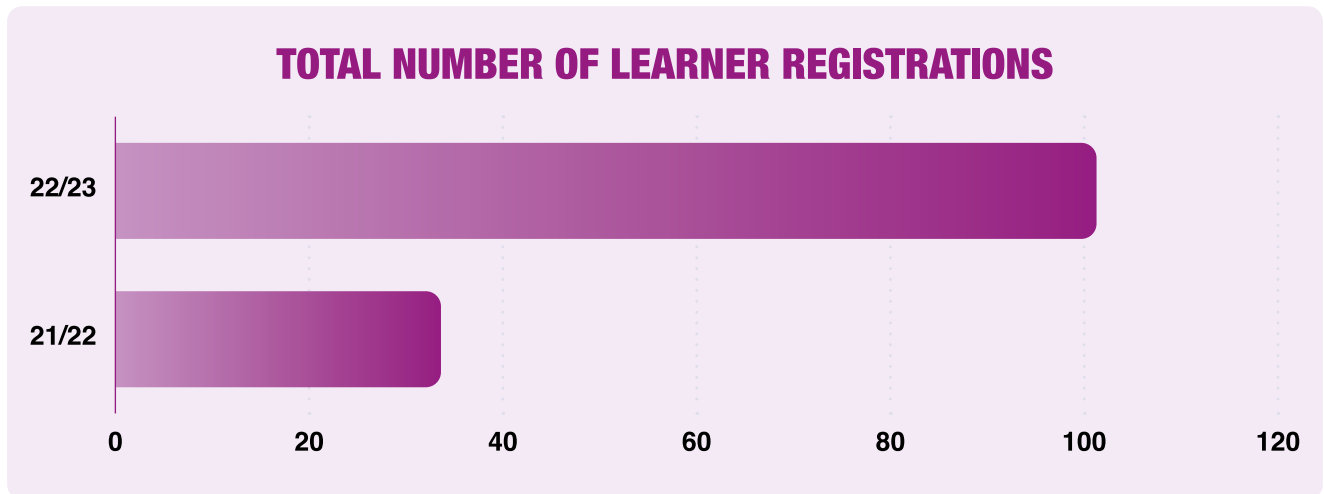
THE COACH APPROACH

Work began in early 2023 on a review of the current coaching strategy with the aim of reenergising, spreading and scaling coaching within the Trust. The Trust's corporate coaching network continued to be supported during the year through a number of Continuous Professional Development events.

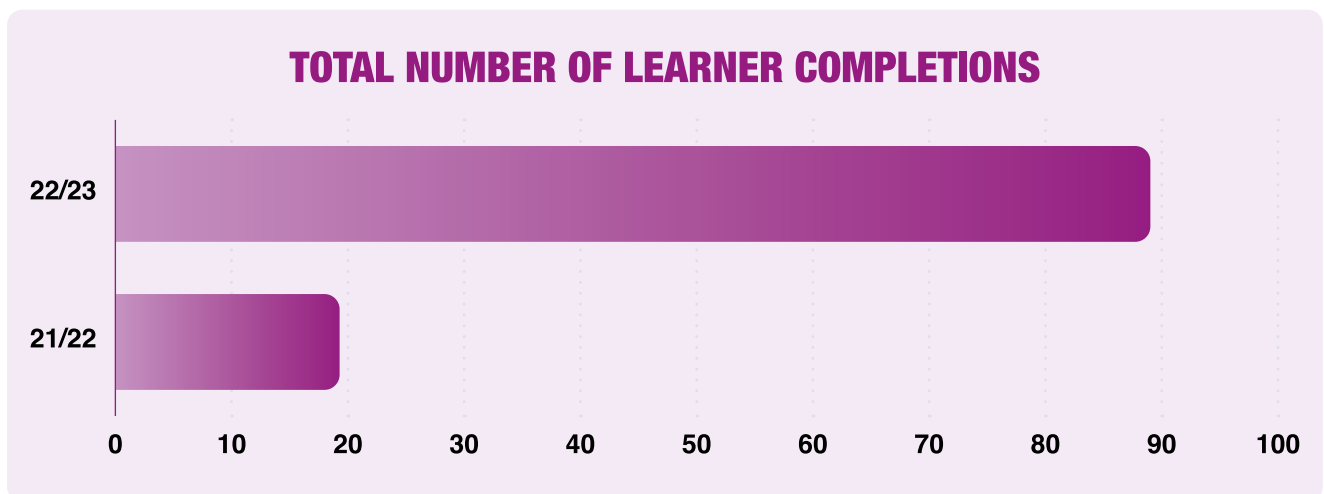


VOCATIONAL TRAINING

There was an increase in vocational training activity, both in terms of new learners (registrations) and learner completions.



A total of 101 new learners were registered on a range of courses including Level 2 Health and Social Care-related courses as well as Level 2 Award in Principles of Customer Service and Essential Skills (Numeracy and ICT).



Overall, 89 learners completed various courses including Level 2 Diploma in Health and Social Care, Level 3 Diploma in Health and Social Care and Level 5 Diploma in Leadership in Health Skills.



THEME 2: STRENGTHENING THE WORKFORCE

A new Open College Network (OCN) Northern Ireland (NI) Level 2 Award in Principles of Customer Services course launched, with a total of 42 learners registered.

Four successful external verification visits took place within the Northern Assessment Centre receiving a low-risk rating status.

STAFF INDUCTION AND CORPORATE WELCOME



Team NORTH's monthly Corporate Welcome continued to run throughout the year. In total 12 sessions were delivered to 415 participants.

Work began in 2022/23 to review the format of Corporate Welcome. This will support a programme of inputs to develop a Corporate Welcome Experience which will include the forthcoming NURTURE programme.

QUALITY 2020 ATTRIBUTES FRAMEWORK

A total of 71% of Trust staff have now successfully undertaken Level 1 of the Quality 2020 training attributes framework. The Level 1 training programme provides staff with an introduction to Quality Improvement and the critical role that it plays in the provision of care for patients, clients and service users.

PROMOTING OPENNESS



As at 31st March 2023, 754 (61%) managers within the Trust have now successfully completed Openness training.

The Trust is working with regional colleagues to organise a Regional Raising Concerns Awareness event in late 2023.



SUPPORTING EQUALITY, DIVERSITY & INCLUSION (EDI)

In April 2022, a new EDI framework was agreed and launched through the Trust’s Corporate EDI Network, chaired by the Director of Operations. During this time, the Trust also worked with staff to develop a new reasonable adjustment plan/passport to support colleagues with long-term health conditions and disabilities to remain in work.

The Bulletin highlighted the newly developed HSC Leadership programme ‘Progress’ developed to support ethnically diverse colleagues. March 2023 saw the completion of the first cohort who commenced the programme in October 2022. Feedback from the candidates has been very positive to date. Work was also undertaken in 2022 to review the Trust’s Flexible Working Policy and showcase the various ways in which the Trust seeks to support staff to work flexibly and achieve balance in their work and home lives.



The Trust once again showed support for PRIDE in 2022 and, in February 2023, the Trust celebrated National Race Equality Week launching our second annual Race Equality Bulletin.

Over 270 staff attended a series of Human Resource (HR) clinics introducing the Flexible Working Policy and providing advice and guidance to staff and Managers on the application process.



The Trust continues to work with the Department of Health (DoH) and the Northern Ireland Practice and Education Council (NIPEC) to address barriers for development within nursing for ethnic minority colleagues,

and work to establish a regional collaborative is ongoing with a regional workshop held in March 2023 with participation from the Trust's EDI lead.

IMPROVING STAFF HEALTH AND WELLBEING

One of the Trust's key priorities was to continue to promote, support, maintain and improve the physical and psychological health and wellbeing of staff.

The Colleague Support Pack developed during 2021/22 continued to be updated and promoted throughout the year, providing staff with information on the full range of wellbeing services and supports. The resource was accessed over 3500 times during 2022/23.

Over the year, 69% of staff have been trained on managing attendance with a Trust target of 85%. In addition to this mandatory training programme, ten Supporting Attendance HR Clinics were delivered to managers, with over 250 attendees.

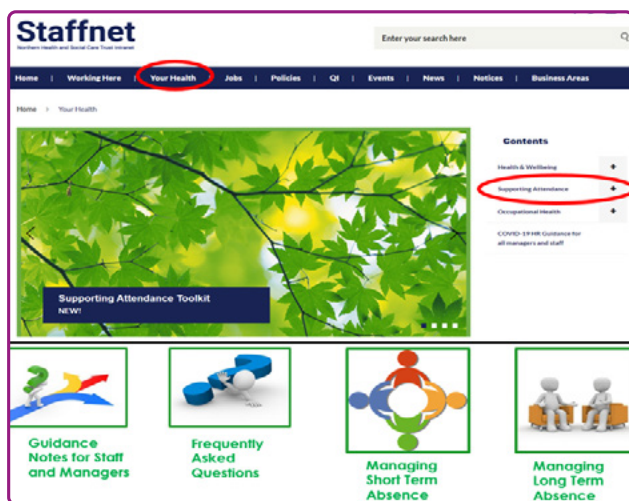


The i-matter platform was also updated. This is a fantastic resource which provides advice and guidance on a whole range of health and wellbeing topics, as well as information about upcoming workshops and classes within the Trust. It can be accessed through Staffnet, and also from outside of the Trust.

The i-matter platform averaged 734 visits a month over the 2022/23 period.

One of the key themes of the HSC Workforce Strategy 2026 is the promotion of health and wellbeing. Within the Trust, this work is coordinated by the Staff Health and Wellbeing Steering Group which is underpinned by four sub-groups.

Each sub-group delivers on a three-year action plan to support the staff health and wellbeing agenda. Initiatives during the year included:



A Supporting Attendance Toolkit was launched in March 2023, bringing together a valuable resource all in one place on Staffnet, setting out clearly revised guidance and toolkits for managers and staff.

Attendance Management training took place throughout the year to ensure managers are fully equipped to support their staff during sickness absences and facilitate return to work.



THEME 2: STRENGTHENING THE WORKFORCE

Psychological Wellbeing:

A Recognising and Responding to Stress Policy and Toolkit was launched in September 2022. Over 100 staff and managers attended webinars on these new resources, and workshops continue to be delivered each month.

Access to psychological therapy for members of staff experiencing psychological distress was increased, with an average of 36 clinical sessions offered each week. The Service received 270 referrals and completed 203 episodes of care during the year.

The Trust continued to offer 8 mindfulness drop-in sessions for staff each month.

A new Bereavement Network has been established, and the Bereavement Policy was updated to include resources to support staff and managers following the death of a colleague.

A training pilot for 20 social work team leaders on Trauma Informed Practice took place in March 2023.

Psychological wellbeing

Equality, Diversity & Inclusion:

In April 2022, the Trust agreed and launched a new EDI framework through the Trust's corporate EDI network chaired by the Director of Operations. During this time, the Trust also worked with staff to develop a new reasonable adjustment plan/passport to support colleagues with long-term health conditions and disabilities to remain in work. The Trust once again showed support for PRIDE in 2022 and, in February 2023, celebrated National Race Equality Week launching the second annual Race Equality Bulletin. The Bulletin highlighted the newly developed HSC Leadership programme 'Progress' developed to support ethnically diverse colleagues. March 2023 saw the completion of the first cohort who commenced the programme in October 2022.

Feedback from the candidates has been very positive to date.

Work was also undertaken in 2022 to review the Trust's Flexible Working Policy and showcase the various ways in which the Trust seeks to support staff to work flexibly and achieve balance in their work and home lives. Over 270 staff attended a series of HR clinics introducing the Flexible Working Policy and providing advice and guidance to staff and managers on the application process. The Trust continues to work with DoH and NIPEC to address barriers for development within nursing for ethnic minority colleagues, and work to establish a regional collaborative is ongoing with a regional workshop held in March 2023 with participation from the Trust's EDI lead.

Equality, diversity + inclusion



THEME 2: STRENGTHENING THE WORKFORCE

Promoting Healthy Living:

Staff Health and Wellbeing Champions have continued to support the health and wellbeing of staff across the Trust. Wellbeing support information has been provided to staff in relation to different areas of health including childlessness, physical activity, arts and wellbeing, smoking cessation, mental health and wellbeing, and care in the sun. A range of staff health and wellbeing activities have been provided to staff, including physical activity programmes such as pilates, yoga, fitness classes,

and couch to 5k, Arts and Wellbeing Programmes such as arts & crafts, photography, and painting workshops, and financial wellbeing workshops.



Financial wellbeing continued to be promoted via i-matter, the Trust's health and wellbeing hub, and by health and wellbeing champions and the appointment of a Financial Wellbeing Manager.

Promoting Healthy Working Lives:

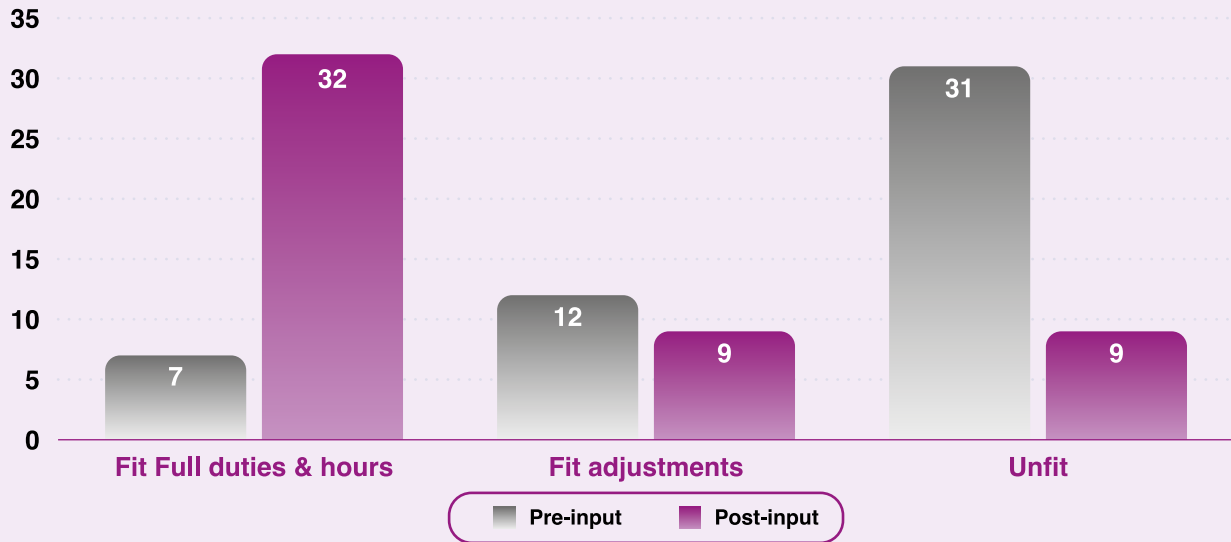
Wellbeing events on migraines and menopause, including webinars and promotional material on self-management strategies were collated and made available on Staffnet.

Occupational Health Clinical Psychology assisted in the delivery of Winter Wellbeing webinars delivered in December 2022.





WORK STATUS PRE AND POST INPUT WITH PROGRAMME



During the first quarter in 2022/23 the staffing for the Post-COVID Vocational Rehab Programme was successfully recruited and the programme opened for referrals in August 2022 for those staff who were experiencing symptoms of Long COVID and were either at work and struggling or off work. Following an initial assessment, all staff referred to the programme were then offered a tailored rehabilitation programme to include one-to-one sessions with a Specialist Practitioner and/or attend a group programme.

By late February 2023 a total of 50 staff had completed the Vocational Rehabilitation Programme and the table below shows the work status both pre- and post-attending the programme for those staff members who have completed the programme. Of note, 31 of the 50 staff members were unfit for work pre-input from the programme. On completion of the programme, 41 of the 50 staff were either fit for work or fit for work with adjustments.



THEME 2: STRENGTHENING THE WORKFORCE

NHSCT
ANNUAL QUALITY
REPORT 2022/23

#TeamNORTH September
Care • Compassion • Community
Monday 5 September - Thursday 22 September



Find out more 

#teamNORTH 

#TeamNORTHSeptember

RECOGNITION AND APPRECIATION

Work continued on the Trust's approach to recognition, with a focus on Northern Trust Stars and supporting managers and staff in recognising and appreciating staff. Team NORTH September took place during the month of September 2022. It consisted of a programme of activities to inspire and celebrate individuals and teams. The programme of activity was supported by a range of contributors, including colleagues from Health and Wellbeing, QI and Organisation Development. The campaign saw over 1000 hits to the #teamNORTH September virtual platform, with over 450 staff taking part in live events.

The annual Chairman's Team NORTH Awards was held in September 2022, recognising exceptional work by teams and individuals across the Trust. There were 173 guests, 80 applications and 24 finalists. Award categories reflected the Team North vision and objectives, whilst continuing to be underpinned by the shared values for all.

The Trust encouraged all staff to celebrate World Values Day in October 2022 through a social media campaign.

The Trust continued to promote its popular peer recognition scheme, *Northern Trust Stars*, supporting managers and staff in their approach to recognition and appreciation.



REGISTRATION OF PROFESSIONAL STAFF

The Trust continues to ensure that all professional staff (e.g. social workers, social care staff, pharmacy staff, allied health professionals, etc.) are appropriately registered. Registration demonstrates that their skills are up-to-date and they remain fit to practise.

REVALIDATION OF MEDICAL AND NURSING STAFF

Revalidation is a mechanism for doctors, nurses and midwives practicing in the United Kingdom to prove their skills are up-to-date and they remain fit to practise. The Trust continues to ensure that all relevant staff are revalidated.

MEDICAL APPRAISAL

Appraisal is a contractual and professional requirement for all medical and dental practitioners. It involves an annual appraisal of all of the Doctor's/Dentist's practice against defined criteria using a standardised process. It is also an important evidence source for revalidation decision-making.

Medical staff across all Directorates (including some locums) have engaged in the Medical Appraisal process with approximately 324 staff registered and completing their appraisals online resulting in a 99% completion rate.

The Trust Appraisal & Revalidation (A&R) Team continue to support doctors with appraisal and revalidation activities providing advice, guidance, supporting information and training.

The A&R Team facilitated an online training session for Appraiser training which is key to the development and maintenance of the Trust A&R support structure as well as overview sessions for all newly appointed medical staff.

The Trust Responsible Officer submitted a total of 50 recommendations from the General Medical Council and all recommendations were upheld by the General Medical Council. There were 13 deferrals submitted to facilitate doctors in situations where not all key supporting information requirements were present, either as a result of personal circumstances or as a result of pandemic related pressures. Such deferrals can be regarded as being positive as we continue to support our doctors with appraisal and revalidation activities.

MEDICAL JOB PLANNING

Medical job planning is an important way to link best use of resources with quality outcomes. It aligns the work programme of medical staff, setting out their duties and professional activity in job plans, which can provide an understanding of workforce capacity and match it to patients' needs.

Medical staff engaged in the Trust job planning process with a completion rate for 2022/23 of 84% with the medical directorate continuing to embed new arrangements to facilitate and complete the job plan process for 2022/23.

The Medical Directorate continues to provide training in job planning and one-to-one support to managers and clinical leads as well as overview sessions for all newly appointed medical staff.



STAFF FLU VACCINATION RATE

The Staff Autumn Vaccination Programme was successfully rolled out in collaboration with the community-facing programme. The final uptake figures for frontline staff, including agency staff were:

- COVID booster: 2,594 (35.14%)
- Flu vaccine: 2,534 (34.33%)

Uptake reporting for 2022/23 was carried out by PHA, through a new dashboard.

FIT TESTING

Fit testing continued across the Trust throughout 2022/23, coordinated by a temporary team from within the Occupational Health and Wellbeing Service (OHWS) facilitating a rolling fit testing programme for Trust staff, with an external provider carrying out the fit tests. There has been a successful business case for an internal fit testing team, based within the OHWS. An internal fit testing team will be able to accommodate a more flexible approach to fit testing. The recruitment process for the internal team is underway and it is expected that the internal fit testing programme will be rolled out from Autumn 2023.

The Trust process for fit testing was included in an internal audit from May 2022. The recommendations focused on three main areas:

- To ensure all relevant staff are fit tested and enhanced reporting which will be based on the determination of a Denominator
- Contract arrangements, which have all been actioned and are complete
- The development of a corporate policy on fit testing

Work has commenced on determining the denominator of those staff who will require fit testing. A denominator will facilitate enhanced recording and reporting on compliance rates and this will assist with emergency planning in the event of any future pandemics, by ensuring a consistent and methodical approach to fit testing.



APPRAISAL

A review of the current Agenda for Change (AfC) appraisal system was undertaken in late 2022. A revised format and supporting resources were prepped for launch in April 2023. The revised approach is structured around the shared values for all, as well as acknowledging the importance of maintaining a focus on health and wellbeing.

As at 31 March 2023, 68% of Trust staff have been given the opportunity to undertake an in-year annual appraisal conversation and agreed Personal Development Plan and/or a wellbeing appraisal. The HR Helpdesk and the Organisation Development Support Team continued to provide support to line

managers by recording appraisals on their behalf.

The Trust remains committed to the appraisal process and the benefits that it brings to staff and to the wider provision of services for patients and service users. During 2023/24 the Trust will continue its efforts to promote and embed the annual staff appraisal conversation as a crucial component of the staff/manager relationship with the relaunch of the appraisal conversation.

Recruitment/Resourcing

The Resourcing team continued to process an increase of requisitions in 2022/23. The growth of activity data is shown below:

	Total Requisitions received	Lead Requisitions created	Requisitions Created for Manager	Total
2020/21	2338	56	0	2394
2021/22	2864	155	87	3106
2022/23	2945	193	35	3173

Support for the International Nurse recruitment programme increased, with 79 applications for Certificates of Sponsorship processed, as well as processing for 51 applications for extensions of Certificates of Sponsorship. Applications and extensions have increased more than three times that of 2021/22.

In October 2022, Business Services Organisation (BSO) Recruitment Shared Services Centre introduced the Amiquis system for digital identity verification, right to

work checks and pre-employment check screening. Access to this system was rolled out to managers in March 2023 and enables them to have full visibility of a candidate going through the pre-employment checks. One of the benefits of the system was a reduction in the time taken from conditional offer to final offer however, we are aware that when a manager decision or Occupational Health referral is required this increases the days. The Trust continues to support managers and Occupational Health to progress any delays.



Within the Occupational Health & Wellbeing Service, the throughput of Pre-Employment Health Assessments (PEHA) has continued, with a total of 970 PEHA appointments

facilitated throughout the course of 2022/23, which is a 10% increase on the 2021/22 figure of 883 PEHAs.

PLEA FOR HELP



Given the success of the Plea for Help initiative in 2021/22 and due to significant pressures on Community Hospitals in July 2022, Patient Companions and Enhanced one-to-ones were offered shifts during August and September 2022, which provided 173 shifts, equating to 1,070 additional hours.

As Winter Planning commenced in October 2022, Plea for Help was asked to recommence in December 2022. Initially, staff from 2021/22 were contacted and offered the opportunity to undertake refresher training and to do shifts for the 4 months.

An Internal Workforce Appeal was issued to attract any new staff. A total of 85 staff completed shifts during the difficult winter period, providing 789 shifts, equating to 4,304 valuable hours during the winter period.

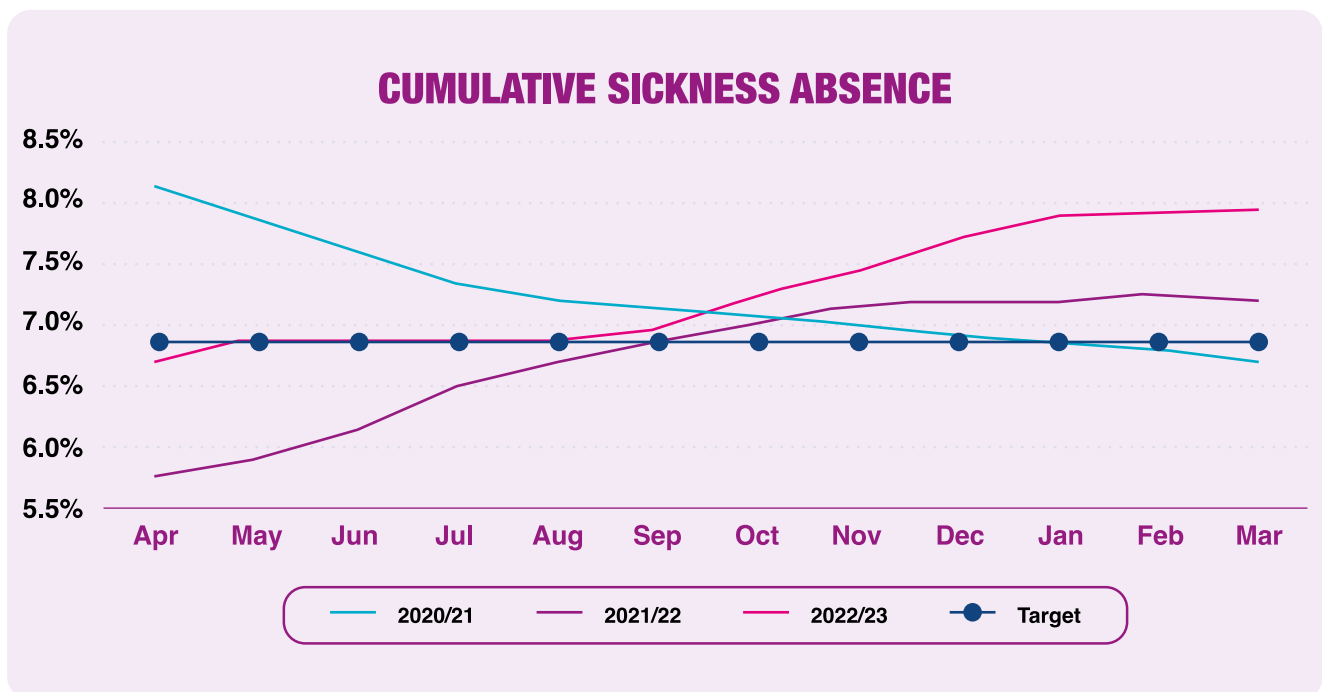


STAFF ABSENTEEISM

The Trust cumulative sickness absence percentage for 2022/23 was 7.89%, against the 2022/23 target of 6.83%, however, it should be noted that COVID-19 related absence is included in absence recording since 1st October 2022.

The following chart compares the cumulative absence position over the past 3 years from 2020/21 to 2022/23.

During 2022/23, COVID-19 related sickness was recorded as 'sickness absence' and is evident with the overall increase from this date.



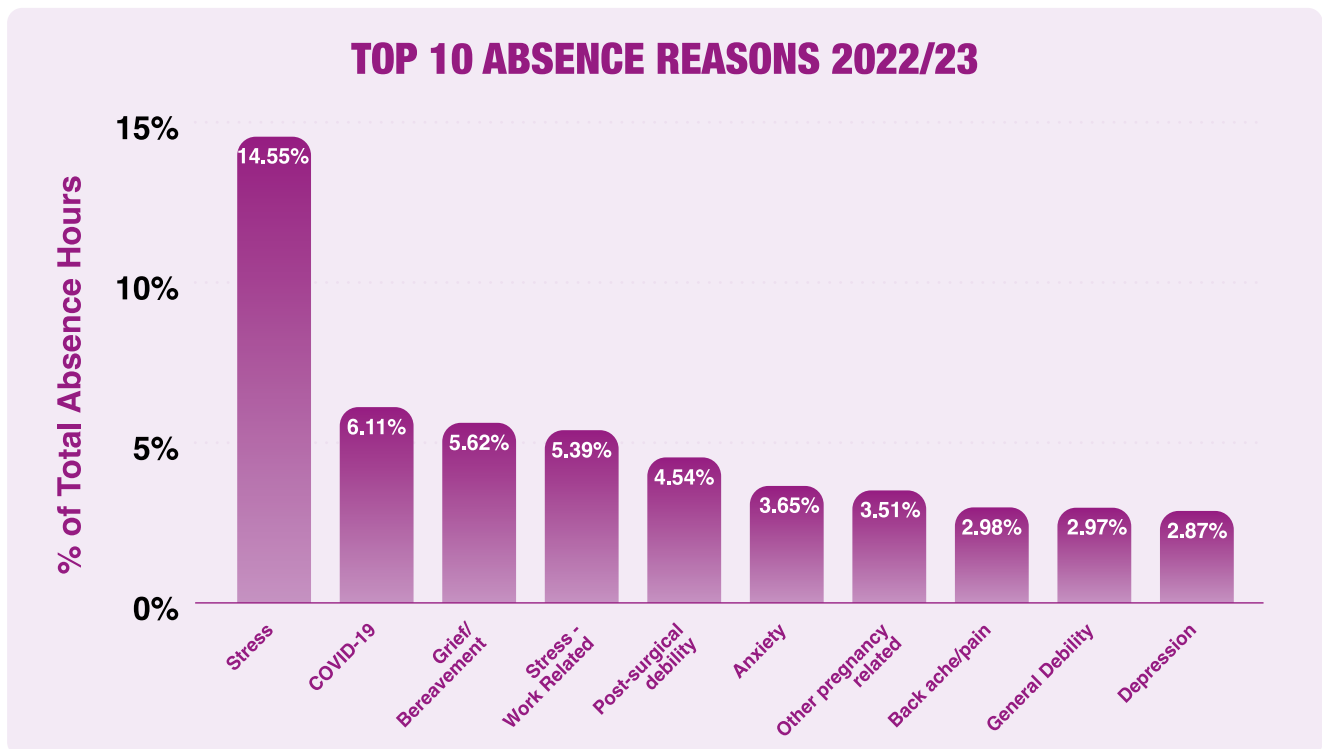


THEME 2: STRENGTHENING THE WORKFORCE

The chart below details the top 10 reasons for absence during 2022/23:

The top 3 reasons for absence are:

- Stress: 14.55%
- COVID-19: 6.11%
- Grief/Bereavement: 5.62%





STAFF ACHIEVEMENTS

During 2022/23, the Trust received a number of awards, both regionally and nationally for achievements in driving improvement and engendering a culture of excellence across health and social care.

Listed below are only a few examples of the external awards received by Trust staff.

SUCCESS AT RCN NURSE OF THE YEAR AWARDS



Congratulations to Pat Gorman, Respiratory Nurse Specialist, who won the Patient's Choice Award at the RCN Nurse of the Year Awards. Pat was nominated by a number of patients with idiopathic pulmonary fibrosis (IPF), a terminal condition in which the lungs become scarred and breathing becomes increasingly difficult. She co-founded an IPF support group at Antrim Area Hospital and when the pandemic began, she worked tirelessly to move meetings online, devoting her free time not only to attending but to providing additional support for many patients. Thank you Pat and many congratulations!

HOME CARE AWARD CEREMONY

The Trust's Home Care service held a ceremony in March 2023 to recognise the work completed across the service. A number of awards were presented to acknowledge both innovation and best practice that helped deliver a high quality service across the Trust area.





MEM RESPIRATORY ACADEMY, STRENGTHENING THE WORKFORCE

During the COVID-19 pandemic, respiratory services were under a lot of pressure, which led to a workforce unsure of a clear vision and purpose. Recruitment and retention was a key part of the respiratory recovery plan. The Respiratory Academy has been developed to ensure the whole respiratory team have a clear career pathway and are aware of support available.

Succession planning is important within the Trust in order to ensure seamless transition when key employees leave the organisation. Professional opportunities, continuing education and training is essential to ensure that nurses' ongoing educational needs and career opportunities are met. This in turn contributes to the provision of safe, effective and person-centred care.

WHAT HAS BEEN ACHIEVED SO FAR?

- Rotational post between Wards A1 and A3
- Newly qualified nurse support group
- 2 acute nurses qualified as respiratory nurse specialists, 2 due to complete May 2023 and 2 to commence in September 2023
- 4 Health Care Assistants (HCA) undertaking Open University nurse training course
- Innovation in learning – using new technology, Quick Response board
- Ward A1 fully staffed and Ward A3 2x Band 5, 1x Band 2 vacancy
- 4 student nurses returned to Wards A1 & A3 when qualified
- 1 HCA voluntary transfer back to Ward A1

WHY

- Respiratory innovation, QI work
- Post COVID consolidation of learning
- Recruitment and retention - development and education
- Clear career pathway
- Rebrand respiratory nursing post COVID-19 pandemic

WHAT DOES IT LOOK LIKE

- A defined career pathway
- Respiratory succession plan document
- Support group for newly qualified staff
- Journal club
- Quality improvement work
- Rotational post
- Rolling respiratory education
- Commissioned respiratory courses
- Social media



NATIONAL LEARNING DISABILITY AWARD

In March 2023, Rosemary Wray, Learning Disability Service Manager, was awarded the National Learning Disability Award for Manager of the Year, for her services to supported living and short breaks within the Trust.

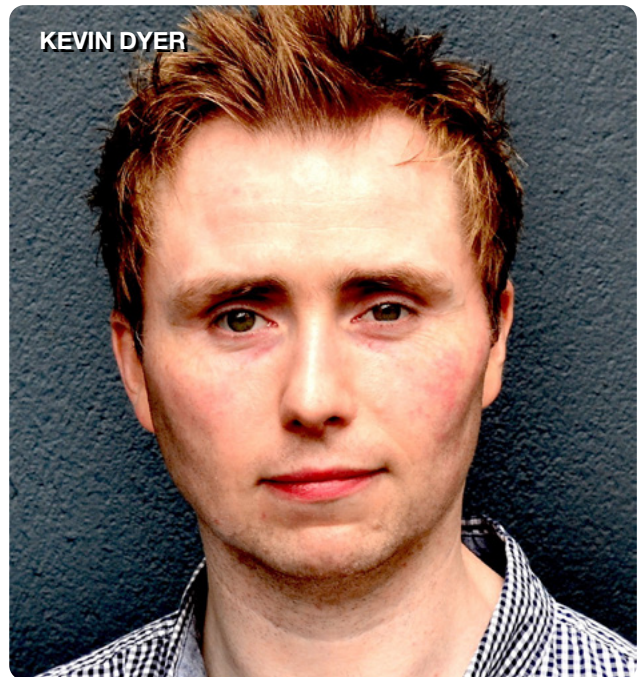


ACCREDITATION PROGRAMME FOR PSYCHOLOGICAL THERAPIES SERVICES

During 2022/23, both the Psychological Therapies Service and the Clinical Health Psychology Service successfully completed a 3-year re-accreditation process with APPTS (Accreditation Programme for Psychological Therapies Services). The Psychological Therapies Service remains the only therapy service in the United Kingdom to achieve 100% of accreditation standards set by the British Psychological Society and Royal College of Psychiatry.

QUEEN'S UNIVERSITY BELFAST HONORARY PROFESSORSHIPS

Both Ciaran Shannon (Consultant Clinical Psychologist) and Kevin Dyer (Consultant Clinical Psychologist) were awarded honorary professorships by Queen's University Belfast in recognition of their contribution to mental health research.





NEW YEAR HONOURS 2023

Dr Alison Livingstone, Consultant Paediatrician was awarded an MBE for services to children in Northern Ireland.

Professor Mike Scott, Director of the Medicines Optimisation Innovation Centre in Antrim, was awarded an MBE for services to Pharmacy in Northern Ireland.

Iris Smyth, Senior Telephonist, was awarded a British Empire Medal (BEM) for services to healthcare in Northern Ireland.



TRUST QI AWARDS

Maeve Murray, Paediatric Practice Educator was awarded a prize “in recognition of your achievements and contributions to Quality Improvement for being a GREATix champion” at the Trust QI Awards in March.

Similarly Sharon Humphries, Advanced Paediatric Nurse Practitioner was awarded “Safety Quality North (SQN) Cohort 2 - Graduate of the Year” for her project “Don’t SKIP Safety” during the pandemic at the Trust QI Awards in March.





WORLD SOCIAL WORK DAY CELEBRATIONS

Key Note Speakers from World Social Work Day Celebrations. A total of 180 staff gathered at the Annual 2023 Social Work Conference to celebrate improvements and quality in Social Work.





THEME 3:

MEASURING THE IMPROVEMENTS



What does measuring the improvement mean for the Northern Health and Social Care Trust? It is about exploring more reliable and accurate means to measure, value and report on quality improvement and outcomes. During 2022/23, each Trust was required to measure a number of quality improvement indicators, and listed below are some examples of measuring the improvement.

HEALTH CARE ASSOCIATED INFECTIONS (HCAI)

For the 2022/23 year, no Priority for Action targets for HCAs were set by DoH. Internally, the Trust agreed to use the previous year's targets to benchmark performance.

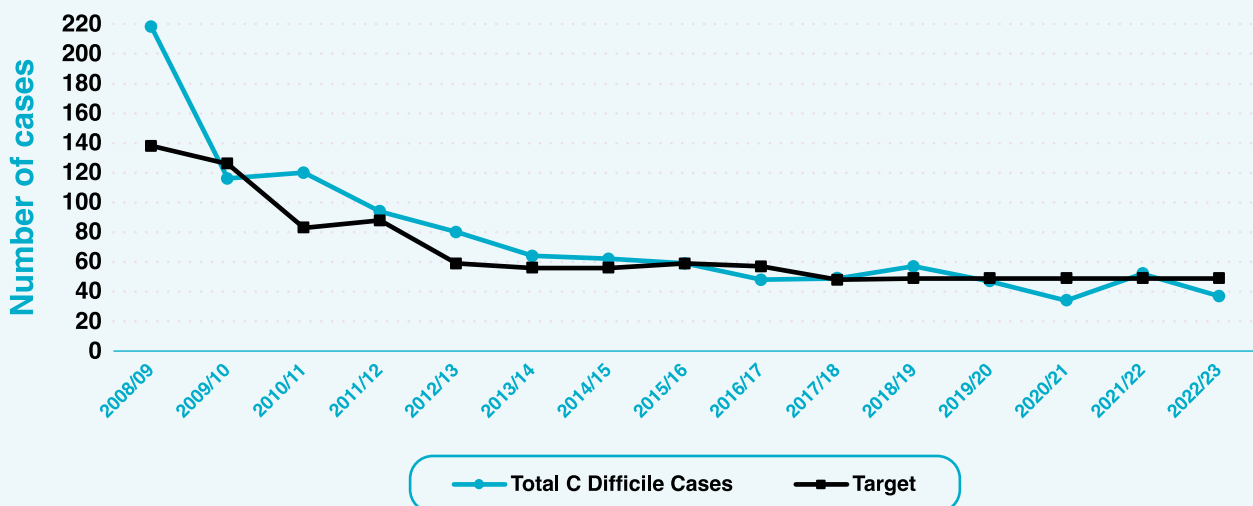
Clostridioides difficile

Clostridioides difficile, formerly known as *Clostridium difficile* (*C. difficile*), is a bacterium that some people may carry in their bowel and is normally kept under control by good normal gut bacteria.

Certain antibiotics can disrupt the natural balance of bacteria in the bowel, enabling *C. difficile* to multiply and produce toxins that may cause mild to severe illness, including symptoms of diarrhoea. *C. difficile* bacteria are able to survive on surfaces for long periods and easily transmitted via contaminated hands, equipment and environmental surfaces.

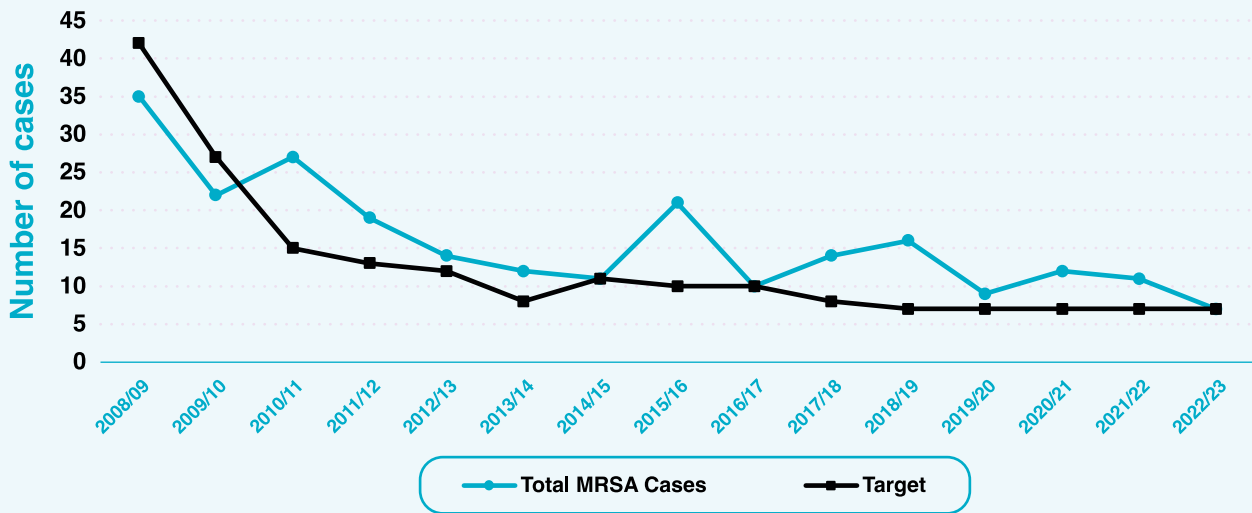
The Trust performance on *C. difficile* infections at the end of March 2023 was 37 cases against an internal target of 49; at year-end this was below the internal target.

NUMBER OF C DIFF CASES





NUMBER OF MRSA BACTERAEMIA CASES



MRSA

Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia is a type of bacterial blood stream infection that is resistant to a number of widely used antibiotics. As a result, it can be more difficult to treat than other bacterial infections.

The Trust performance on MRSA bloodstream infections at the end of March 2023 was 7 cases. At year-end the Trust reached its internal target of 7 cases; this was a reduction on the previous year when 10 cases of MRSA bacteraemia were reported.

Gram-negative bloodstream infections

Monitoring of additional targets for healthcare associated Gram-negative bloodstream infections (HAGNBSI) has occurred from 2018/19. There have been 68 HAGNBSI at March 2023, against a target of 75 from the previous year demonstrating a reduction for this target also.

Outbreak Management

From 1 April 2022 until 31 March 2023, a total of 160 outbreaks were identified in the Trust and managed by the Infection Control Team. These outbreaks were subsequently reported to the Health Protection Team of the Public Health Agency. Of the 160 outbreaks, three identified as Norovirus and 157 identified as COVID-19. A total of 58 outbreaks involved patients and staff; 100 outbreaks involved patients only and 2 outbreaks involved positive cases in Trust staff only.

Infection Prevention and Control

The Infection Prevention and Control (IPC) Nursing team remain pivotal in providing expert advice, education and training to all staff, Trust wide. The team undertake a programme of audit every year and, despite the IPC team's increased workload to support the Trust's pandemic response, they have maintained and protected its commitment to undertaking this programme.



Audits of clinical practices and hand hygiene have demonstrated the need for improvement in some clinical areas and a common theme from Hand Hygiene audit results is some non-compliance with Bare Below the Elbow in clinical areas. The IPC team is working hard to make improvements on this in collaboration with all Trust teams.

Additionally the IPC Nursing Team continue to provide ongoing support and visits to private Nursing and Residential Homes in the Trust area during outbreaks.

The high visibility and availability of the Infection Control Nurses to facilitate effective IPC standards across the Trust is key to the delivery of safe effective care. Maintaining this level of service delivery has been difficult, however although these challenges remain in the year ahead the vision “that no person is harmed by an avoidable infection” remains consistent.

SAFER SURGERY/WORLD HEALTH ORGANISATION (WHO) CHECKLIST

The World Health Organisation (WHO) Surgical Safety Checklist is a tool used by clinical teams to improve the safety of surgery and reduce deaths and complications. The checklist is designed to reduce the number of errors and complications resulting from surgical procedures by improving team communication and checking essential care interventions. The Trust has consistently achieved above 95% compliance with the WHO Surgical Checklist over the past 5 years.

The Band 6 Clinical Sister in each area completed WHO audits monthly. There are also three-monthly observational audits carried out where the Clinical Sister will observe all practices within the theatre environment. Each department manager also conducts an audit in another theatre department to assess compliance.

MATERNITY SERVICES

Inter-professional Education for Out of Hospital Maternity Care

The Trust's midwifery team have attended 183 home births to date, which accounts for 50% of all home births within Northern Ireland. Many of these home birth requests are “outside of guidance”, thus increasing the risk of complications arising. The home birth service within the Trust continues to grow and the midwifery team recognised the need to ensure a safe and effective home birth service.

Thus, our practice development midwife introduced a new programme of training in partnership with Northern Ireland Ambulance Service (NIAS).

Practical Obstetric Multi-professional training (PROMPT) is a validated training programme designed to prepare staff to recognise and manage obstetric emergencies using a structured approach. The training principle is that ‘teams that work together should train together’.



The training focuses on enhancing communication and situational awareness to reduce the impact of human factors. With the number of home births increasing year on year, staff recognised the need for PROMPT training in the pre-hospital environment.

The programme was highly evaluated with a 100% increase in both confidence and competence levels following the training in both midwives and paramedics. The team will continue to provide this programme with NIAS.

Lessons Learnt and Key Recommendations

- Understand staff anxieties around managing obstetric emergencies in the home
- Effective multi-disciplinary work to ensure the programme continues to meet staff training needs
- Ensure any programme changes are co-produced to provide multi-disciplinary training assurances
- Theme & share programme evaluations to provide assurance
- Continue to explore future training dates and capacity

Perinatal Mortality Review Tool

The maternity team recognises that the impact of stillbirth and infant death is devastating for families. Perinatal mortality reviews have a dual aim; primarily they provide answers for parents and families as to why their baby may have died, and secondarily they may identify learning, which, if implemented, may lead to improvement in the safety and quality of services.

The Perinatal Mortality Review Tool (PMRT) offers a framework for objective, structured and detailed multi-disciplinary review of each case of perinatal mortality, and contributes to an open and honest learning culture.

The Trust has been using the PMRT since late 2019, however, parent engagement in the review process has been limited, and timeframes for review completion have frequently been delayed. An initial audit revealed that the average time to complete a review in 2021 was over 10 months, with a delay in generating a report to parents of up to 12 months.





The PMRT midwife completed the Trust's QI programme as "SQN Graduate of the Year" in September 2022 with an aim to improve the efficiency of the Perinatal Mortality Review Tool (PMRT) in the Trust in line with national guidelines.

To date, seven bereaved parents have utilised the online parental engagement tool that was launched in May 2022, which informs and improves the quality of the review. PMRT reviews are currently completed within an average of 6 months from the date of perinatal death.

Pressure Ulcer Prevention in Maternity

The tissue viability team and maternity services practice development team undertook a quality improvement project focused on the prevention of pressure ulcers within maternity services. The aim of the project was to achieve at least 250 calendar days between all avoidable pressure ulcer incidents graded as stage 2 and above in the inpatient maternity department in the Trust. The project methodology involved:

- Questionnaires
- Training needs analysis
- Audits of current practice
- Review of pressure ulcer incidents

The team utilised the **Pressure Ulcer Primary or Secondary Evaluation Tool (PURPOSE T)** to screen all women on their admission to the maternity unit.



PAEDIATRIC SERVICES

Paediatric Simulation

There was a renewed focus on multi-disciplinary paediatric simulation in Antrim Hospital. It is widely known that emergencies can occur anywhere, not just in critical care areas, and simulation is an excellent means of keeping clinical skills up-to-date and ensuring staff know how to access emergency drugs and equipment in a non-critical care setting. A number of simulations were undertaken throughout the year in A2 children's ward, including emergency management of focal status epilepticus, anaphylaxis and sepsis. In 2023 paediatric simulation will focus on leadership and teamworking skills, alongside the medical management of acute emergencies. A newly developed Twitter site "Antrim SUPER Team" shares the narrative of the simulations as well as any learning and supporting evidence.

Paediatric Epilepsy Service

The paediatric epilepsy service undertook a review of clinic pathways to standardise management of children presenting with possible seizures, raise awareness of services available and clarify roles and responsibilities of general/community paediatricians and of the epilepsy clinic. A paediatric afebrile seizure care pathway was developed, which includes signposting for children being referred from primary care and ED, as well as general and community paediatricians. The pathway standardises the role of the general/community paediatrician as well as detailing the specific role of the paediatric epilepsy clinic. The clinics act as a "one stop shop" with medical, specialist nursing and psychologist in attendance. The clinic offers significant educational opportunities for students and trainees.

PREVENTION OF FALLS

'Slips, Trips & Falls' remained one of the most common incident types within the Trust during 2022/23.

The National Institute for Clinical Excellence (NICE) Clinical Guideline (CG) 161 states that people aged 65 and older have the highest risk of falling, with 30% of people over 65 and 50% of people older than 80 falling at least once a year.

The number of falls during 2022/23 has increased by 109 to 1,724. The following reasons continue to contribute to these rates:

- An increasing ageing population
- Deconditioning of the elderly population as a result of COVID-19 and associated social isolation

The Trust continues to see the importance of falls prevention as a key component to healthy ageing. To facilitate this, the Trust focuses on a multi-disciplinary and agency approach to the prevention and management of falls.



Falls Awareness training sessions covering multi-factorial risk factors, continued to be delivered to Trust and Care Home staff. The training helps increase awareness and empower staff regarding how to reduce the risk of falls and manage post-fall care.

The Trust also continues to offer a falls prevention screening and advisory service to Trust and Care Home staff via the telephone, offering further advice and guidance regarding falls and injury prevention.

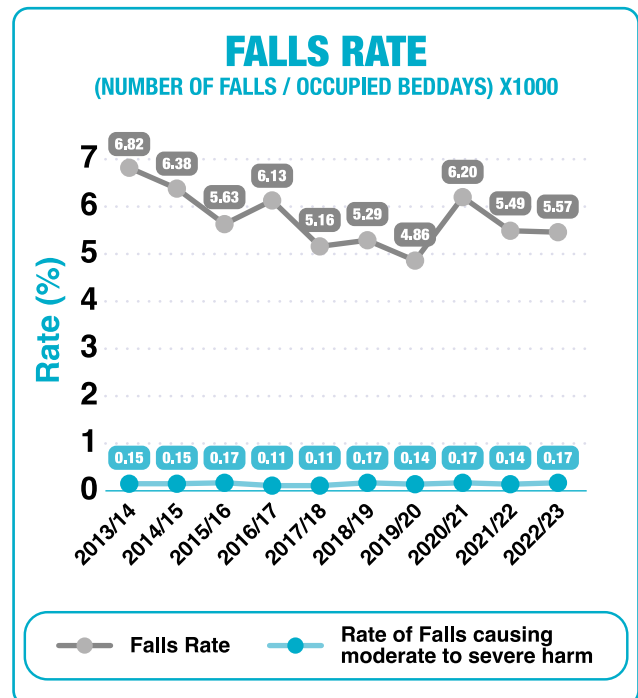
The established Falls Screening Service continues to accept referrals via Northern Ireland Ambulance Service (NIAS), the Trust Emergency Departments (ED), Minor Injury Units and Fracture Liaison Service. The service also accepts self-referrals direct from service users. After completion of a multi-factorial falls screening, onward appropriate referrals are made to internal and external services, to help reduce the risk of falls and subsequent injuries.

Within the Trust’s inpatient settings, the FallSafe bundle is embedded into practice, with participating wards completing monthly compliance audits, identifying areas for learning and developing improvement plans.

The Trust also continued to complete post-fall investigations, on all inpatient falls that resulted in a moderate to catastrophic injury. Areas identified for learning and improvement are discussed with ward managers, and shared with Senior Management. Action plans are taken forward within teams to address any gaps in practice.

Falls rate per 1000 beddays

The 2022/23 falls rate across all adult inpatient areas was 5.57, and the rate for moderate to catastrophic harm was 0.17.



Next steps

- The Regional Falls Group will continue to work in partnership with the Clinical Education Centre regarding the completion of the Falls e-learning programmes
- The Public Health Agency (PHA) in collaboration with Trusts and Care Homes continues to develop a Care Home Regional Falls Pathway, with the aim that this will be launched in Summer 2023
- Ongoing Regional Falls collaboration to standardise assessments post-fall within the inpatient setting
- Development of a Falls Steering Group to identify and oversee key priorities to aid Falls Prevention and reduce the number of falls



PREVENTION OF PRESSURE ULCERS

Pressure ulcers are defined as localised damage to the skin and/or underlying tissue, as a result of sustained pressure or pressure in combination with shear. Pressure ulcers usually occur over a bony prominence, but can be related to a medical device or other object (NPUAP/EPUAP/PPPIA, 2019). Many patients are at risk of pressure ulcers due to multiple co-morbidities and key contributory factors such as, immobility, poor nutrition, weight loss, skin moisture, sensory deficiency, and advancing age.

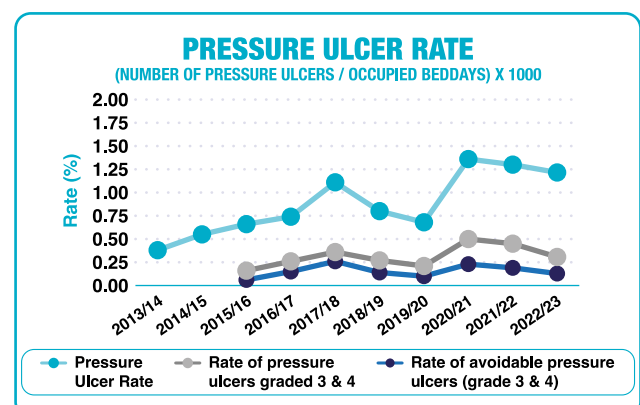
Pressure ulcers are a major patient safety concern and a quality indicator of care. The Trust therefore, in line with the rest of the region, has a focus on the prevention of pressure ulcers. Preventing pressure ulcers involves firstly, promptly identifying those patients at risk and secondly, reliably implementing prevention strategies for all patients identified as being at risk. In the Trust, this is currently supported by the use of the Braden risk assessment tool and the inpatient SSKIN bundle (see below).



However, the Trust is implementing the new **Pressure Ulcer Primary or Secondary Evaluation Tool (PURPOSE T)** into all adult inpatient and community settings. The Braden risk assessment tool will be replaced with the PURPOSE T to overcome some identified limitations with validity and reliability and improve the comprehensive assessment of patients at risk of pressure ulcers. The new Regional Pressure Ulcer Prevention SSKIN Bundles for adult inpatient and community settings will be launched alongside PURPOSE T. This implementation has resulted in changes to the Nursing Assessment booklet and education tools such as the Pressure Ulcer e-learning programme. The Trust is preparing for live rollout for both initiatives in June 2023. A blended approach to training is currently available in preparation for the go-live date.

Key facts

During 2022/23, the Trust has built upon the foundations laid in previous years aiming to reduce the number of avoidable pressure ulcers. During 2022/23, the Trust reported 408 hospital acquired pressure ulcers which were graded stage 2 and above. Of these, 110 were stages 3 and 4. Of the total number of Stage 3 and 4 pressure ulcers, 47 were deemed avoidable.





Overall the number of all hospital acquired grade 3 and above pressure ulcers have decreased significantly to date (2021/22 = 132, 2022/23 = 110). There has been a reduction in the number of avoidable grade 3 and above pressure ulcers. The number reduced from 56 in 2021/22, to 47 in 2022/23.

Action the Trust is taking

Quality improvement (QI) initiatives are underway to enhance patient safety in pressure ulcer prevention:

- The Tissue Viability Team continue to collaborate with Maternity services on QI work to pilot the PURPOSE T risk assessment tool and a bespoke SSKIN bundle for new and expectant mothers at risk of developing pressure ulcers. The Trust is currently reviewing the SSKIN bundle and making appropriate changes following PDSA (Plan, Do, Study, Act) cycles.
- Improvement work is ongoing to improve reporting and investigation of pressure ulcer incidents. Following collaboration with professional colleagues in primary and secondary care, a process for the management and validation of Trust acquired pressure ulcers incidents was developed. This clarifies roles and responsibilities and allows incidents to be investigated, validated, approved and closed in a more timely way. This process has evolved to improve assurance that all stage 3 and above Trust acquired pressure ulcers have a Pressure Ulcer Post-Incident Review meeting arranged

with the frontline nurses, Nurse Manager, Nurse Lead and Tissue Viability Team Lead. The focus of this new process is to engage staff at all levels in shared learning and leading practise in pressure ulcer prevention.

- Following a period of testing, the Wabalogic Medical Photography App has gone live in acute settings. This app provides the Tissue Viability Team with instant access to secure photographs of wounds including pressure ulcers as part of the referral process. These images support the Tissue Viability Nurse (TVN) to appropriately triage referrals and improve the timeliness of TVN patient advice. In addition to this, the scope of this project now includes the opportunity for staff to capture the condition of patients' skin throughout their inpatient journey. This provides great opportunity to validate the staging of pressure ulcers for improved pressure ulcer incident reporting and, with patient consent, these photographs greatly improve the opportunity to teach staff how to stage pressure ulcers effectively. Overall, 41 (59%) of the eligible wards are now live with Wabalogic and over 1000 users have been added to the Tissue Viability Active Directory group to date. All Tissue Viability Link Nurses have been trained, and are supporting the roll out of this project.



- It is a mandatory requirement that all registered nurses attend face-to-face or online Pressure Ulcer Prevention training at the point of induction. Thereafter, all registered nursing staff and non-registered staff working in hospital and community settings should complete the regional e-learning programme for Prevention of Pressure Ulcers in Adults for Registered Practitioners, every 2 years. All non-registered staff including nursing assistants, Health and Social Care (HSC) employed domiciliary care workers and Allied Health Professionals (AHP) support workers can access this HSC e-learning programme.
- Using the Department of Health (DoH) Link Nurse Framework, a total of 70 Tissue Viability Link Nurses have been recruited to support the TVN and the inpatient/outpatient departments in all acute and community hospitals to achieve safe, effective, person-centred wound care. The first TVN Link meeting was held in October 2022 via Microsoft Teams. This meeting was used to welcome the Link Nurses, highlight the role of the TVN and TVN Link Nurse and agree plans for the year ahead. The TVN team are planning a Link Nurse away day in April 2023. There will be representation from multi-disciplinary colleagues across the divisions. The programme will include a patient's experience with a pressure ulcer, shared learning regarding a pressure ulcer post-incident review from a ward manager, SSKIN and PURPOSE T sessions and a Waballogic practical session for all attendees.

Action the region is taking

The Tissue Viability Team actively participates in the PHA Regional Pressure Ulcer Group alongside other HSC Trusts to plan regional strategy, Key Performance Indicator (KPI) monitoring and improvement work in the area of pressure ulcer prevention.

- The e-learning pressure ulcer programme for non-registered staff was made available across the region for the HSC and independent sectors
- To mark World 'Stop Pressure Ulcer' Day on 17 November 2022, the Trust participated in a 4 Nation's approach supported by the Regional Pressure Ulcer Prevention Group led by the PHA. The main focus was pressure ulcer risk assessment in preparation for roll out of PURPOSE T. The team collaborated with a patient to develop a video for the Society of Tissue Viability, showcasing the patient's experience. The Trust worked with the Belfast Health and Social Care Trust to review and develop a new training video for 30 lateral tilt repositioning. This will be added to the regional pressure ulcer e-learning programme
- Safeguarding criteria is being developed regionally to assist staff with decision-making in relation to appropriate referral to the adult protection team following a pressure ulcer incident



PREVENTION OF VENOUS THROMBOEMBOLISM

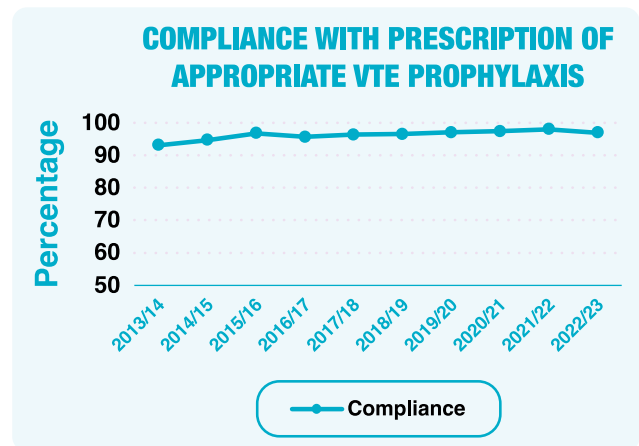
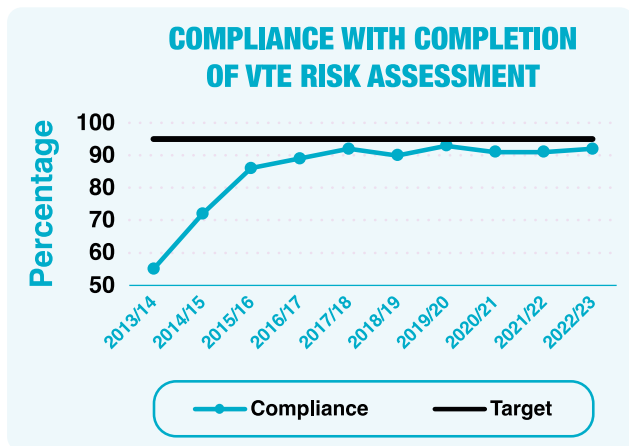
Venous Thromboembolism (VTE) is a condition in which blood clots form (most often) in the deep veins of the legs (known as deep vein thrombosis, DVT) and can travel through the blood circulation and lodge in the lungs (known as pulmonary embolism, PE).

Admission to hospital increases the risk of blood clots (DVT, PE); however, VTE can be preventable. To help prevent VTE in patients admitted to hospitals, a risk assessment is carried out at admission to determine the level of risk of developing VTE, and anti-clotting medicines are prescribed if appropriate.

The Trust is committed to achieving 95% compliance with the completion of the VTE risk assessment to ensure patients are provided with the most appropriate and safe care in the prevention of hospital-acquired VTE.

During 2022/23 the Trust achieved:

- 92% compliance with the completion of a VTE risk assessment within 24 hours of admission for patients to acute and community hospitals
- 97% compliance with prescription of appropriate VTE prophylaxis

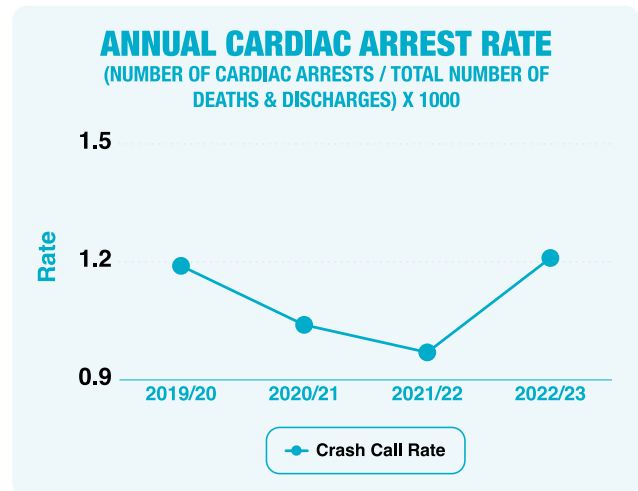




CARDIAC ARREST RATES

A cardiac arrest is where a patient requires chest compressions and/or defibrillation by the hospital resuscitation team. Evidence suggests that the number of hospital cardiac arrests can be reduced through earlier recognition and treatment of patients whose clinical condition is deteriorating.

The chart below shows the annual rate of reported cardiac arrests for Antrim and Causeway Hospitals (excluding Emergency Departments, Intensive Care Units, Coronary Care Units and Paediatrics).



OMITTED AND DELAYED MEDICINES

Transforming Medication Safety Strategy Northern Ireland

In September 2020, the DoH launched a five-year plan in response to the World Health Organisation’s Third Global Patient Safety Challenge ‘Medication without Harm’. The strategy involves working collaboratively with healthcare professionals and service users from across Northern Ireland. The strategy sets out four domains, which link to improvement aims and commitments to improve medication safety.

One of the domains relates to HSC staff and is committed to ensuring that staff in our health service have the skills to be medication wise. Omission or delay of medicine doses can lead to harm for patients, particularly when critical medicines are involved such as antimicrobials, drugs for control of Parkinson’s Disease or diabetes.

A monthly KPI, which monitors the number of omitted or delayed medication without a documented reason within inpatient settings, was stood down by the Trust in February 2023. This was following regional guidance from the PHA that it was no longer required. A regional collaboration group was established with nursing and pharmacy to redesign this KPI. Locally, omitted dose medication data was collected weekly for 6 months (January -June 2023) in two acute wards in Antrim Area Hospital, to look more specifically at the rate of omitted doses and the documented reasons. The data showed an omission rate of 10% in the medical ward and 12% in the surgical ward; a very low rate of critical medication omission was found. The most used reasons for omission were; ‘patient refused’ and ‘drug not available’. This data is now influencing regional work on omitted medications.



MEDICATION SAFETY

INSULIN

Insulin is one of the top 5 ‘high risk’ medicines used within healthcare which, if used incorrectly, can lead to serious harm to patients. Around 40% of patients prescribed insulin experience an insulin error during their hospital admission.

The Trust participated in Insulin Safety Week (ISW) which took place from 2nd – 8th May 2022. ISW is a national campaign to raise awareness of insulin safety, and this year, the Diabetes Team put the spotlight on reporting insulin incidents on Datixweb as part of the Trust’s campaign message.



An Insulin Safety Bulletin was developed and issued by the Insulin Safety Group, with the aim of raising awareness of insulin-related safer practice. Other resources issued during Insulin Safety Week included links to insulin safety educational material, and an insulin safety quiz. The Trust Insulin Safety Card was also distributed to staff during Insulin Safety Week, to provide guidance on dosing schedules for the majority of insulin types available.



NHSCT Insulin Safety Week 2022
National Insulin Safety Week is 2nd – 8th May 2022.

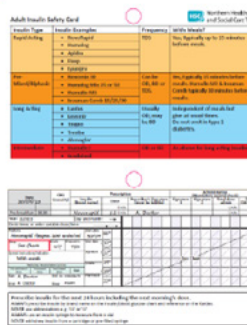
The aim of the campaign is to raise awareness of insulin safety via a series of events and materials issued across the Trust, highlighting insulin safety issues, and how we can improve the safety of insulin use.

Follow the action on Twitter using #ThinkInsulin2022 or #InsulinSafetyWeek2022, <https://insulinsafetyweek.com/>

Insulin Safety Cards

An Adult Insulin Alert Card has been developed to compliment other insulin safety initiatives within the Trust.

The card details the different types of insulins, and when they are to be prescribed and administered.



The new cards will soon be available for wards and departments to order from Pharmacy via JAC.

Let’s learn!

Insulin safety education is an important component of the Trust strategy to reducing insulin-related medication errors.

The following are excellent training resources that will improve your knowledge in insulin safety, without taking up lots of time to complete!

E-learning module on [Insulin Safety in Hospital/Community e-learning module](#) provided free by CDEP

Insulin safety webinar : <https://www.medicinesni.com/courses/recordedlectures.asp>

Insulin Safety in Hospital [video](#)

Insulin Safety through the Years webinar, on Thursday 5th May, 12 noon

The Trust also participated in Hypo Awareness Week (HAW) which took place from 3rd – 9th October 2022.



Hypo Awareness Week is a national campaign to raise awareness of hypoglycaemia. According to the 2019 National Diabetes Inpatient Audit, 1 in 4 patients with Type 1 Diabetes admitted to hospital experience an episode of hypoglycaemia during their inpatient stay.

For HAW, the Diabetes Team developed a learning bulletin, which was issued to staff across the Trust.

Pharmacy staff developed a training presentation, which was delivered to pharmacists and pharmacy technicians during HAW.

Diabetes Link Nurses were recruited into post in all acute sites in 2022. The role of the Diabetes Link Nurse includes dissemination of diabetes information to staff, and participation in quality improvement activities linked to diabetes care.

In October 2022, Link Nurses audited the management of Hypoglycaemia Kits on the wards. The results indicated that the kits were regularly checked, and all contents were contained within. A re-audit is planned for September 2023 to coincide with Hypo Awareness Week 2023.

HSC Northern Health and Social Care Trust Issue 6 October 2022

Insulin Safety Bulletin

NHSCT Hypo awareness week
The national campaign, taking place 3rd–9th October 2022 aims to raise awareness of hypoglycaemia

HYPO AWARENESS WEEK 2022
#teamNORTH

Check out our updated Diabetes Business section on Staff net

Diabetes Link Nurses

Diabetes link nurses have started in all acute sites: Their role will be to:

1. Maintain and update a good level of knowledge in diabetes.
2. Disseminate information on diabetes to staff.
3. Be involved in quality improvement activities relevant to the link nurse role.

Their first task will be to audit hypo boxes on the wards during hypo awareness week, within the acute sites, and plan improvements based on the audit results.

How can you get involved?
The Trust will be marking Hypo-awareness week virtually with a number of resources available:

- Complete the [Hypos in Hospital E-learning module](#), provided free by CDEP
- Watch the Hypo-awareness educational [video](#)
- Take part in our [Hypo-awareness quiz](#). Visit <https://b.socrative.com/login/student/> and enter room name: NHSCT.
- Follow and/or join in the national campaign using hashtags [#HAW2022](#) and [#hypoawarenessweek](#)

Hypo Fast Facts

- ⇒ Not everyone has symptoms of a hypo
- ⇒ If your patient is alert and able to swallow, administer 15-20g fast acting carbohydrate e.g. 60ml. Lift oral glucose shot or 2 tubes of glucose 40% gel
- ⇒ Follow up with a long acting carbohydrate e.g. 2 plain biscuits or a slice of toast.
- ⇒ Nursing staff can administer IV glucose or IM Glucagon without a prescription for a severe to moderate
- ⇒ If eating, insulin should not be omitted after a hypo.
- ⇒ Refer to the Trust Hypoglycaemia in adults policy for further information.



Recognising great work

Learning from excellence, known as GREATix, is a process which allows staff to nominate their colleagues in recognition of practice that exemplifies the Trust's core values. It can improve staff morale and resilience through acknowledgement and appreciation of excellence shown in daily work, which can often go unrecognised. A lead paediatric pharmacist introduced the GREATix process into the clinical pharmacy team in 2021. A second lead pharmacist rolled out GREATix as a quality improvement project to all sections of pharmacy in 2022/23. Work included:

- Introducing GREATix champions in each pharmacy section to encourage and support teams to deliver the recognition process
- Training sessions were delivered and posters shared across workplaces to spread awareness on how to nominate a colleague
- Speaking at Trust GREATix events
- Reviewing themes linked to the Trust's core values within the nominations to share good practice
- Sharing the positive responses from staff who received a GREATix nomination

There are now over 50 pharmacy staff who have received a GREATix nomination, certificate and letter from the Head of Pharmacy to acknowledge their positive impact at work.

Pharmacy forms an integral part of the bigger GREATix family within the organisation, which spans across a number of Divisions and

specialties, such as Paediatric nursing, the Psychiatric Intensive Care Unit and both Adult and Children's Social Work.

Outpatient Parenteral Antimicrobial Therapy Service

Within the Trust, a pharmacy-led Outpatient Parenteral Antimicrobial Therapy (OPAT) service links the Hospital Diversion Nursing Team (HDNT) service to deliver administration of intravenous antimicrobial medicines to people in their own homes.

The service was extended to provide care for bronchiectasis patients who were previously assessed in person at an outpatient setting and faced a potential admission to hospital for intravenous (IV) antimicrobial drug treatment for respiratory infections. The new service is delivered through close links with the respiratory team, respiratory consultant, the pharmacy OPAT team and the HDNT, and provides a plan for management, monitoring, prescribing, supply of medicines and follow up within the patient's home, thus avoiding admission to hospital.

A review of the service introduction has found an increase in:

- Referrals for the OPAT service, number of requests and monitoring of bloods
- Number of patients receiving antimicrobials on a weekly basis resulting in reduced medicines waste
- Prescriptions written by pharmacist prescribers
- Number of interventions made to improve patient care



There has been a reduction in:

- Number of patients admitted to hospital for administration of IV antimicrobials
- Face-to-face outpatient clinical episodes required per treatment course
- Delays to the initiation of therapy leading to an earlier clinical response

Benzodiazepine/Z drug Reduction Prescribing Service

The Benzodiazepine & Z drugs reduction service was commissioned in the Trust to reduce the prescribing of Benzodiazepines & Z drugs in the Northern Local Commissioning Group area. “Z” drugs are drugs including zolpidem and zopiclone, which are intended to be used for short-term treatment of insomnia. Both benzodiazepines and Z drugs have well-recognised risks associated with long-term use, including falls, accidents, cognitive impairment, dependence and withdrawal symptoms.

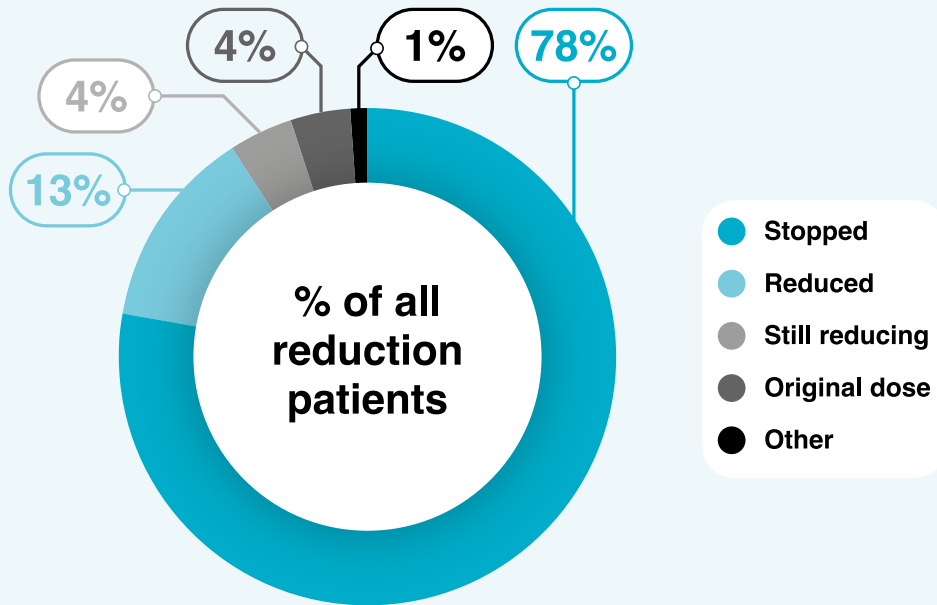
The service follows an evidence based Standard Operating Procedure, and is provided by a combination of support and intervention from both a Specialist Pharmacist and a Specialist Nurse, working alongside General Practitioner (GP) practices.

The service is an innovative, flexible approach, which ensures the patient remains at the center of all interventions throughout. The multi-disciplinary approach involving the Specialist Pharmacist, Specialist Nurse, GP, Community Pharmacist and specialist service colleagues enables the service to be tailored to both the GP practice and patient requirements. Enhanced collaboration with GP practice-based pharmacists (GP federations) has also enabled shared learning and expertise.

GP Practices are selected based on prescribing data. Pilot work also established that it is beneficial for practices to be enrolled in the service according to geographical area (clustering).

Results from a practice undertaking the service in 2022/23:

Number of patients	361
Number of reductions commenced	418 (57 patients on both benzodiazepine and a Z-drug)



MEDICINES RECONCILIATION

In line with the DoH Medicines Optimisation Quality Framework, ‘Medicines reconciliation, as defined by the Institute for Healthcare Improvement, is the process of identifying an accurate list of a person’s current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated. The term ‘medicines’ also includes over the counter or complementary medicines, and any discrepancies should be resolved.’

The Framework also states that ‘patients should have their medicines reconciled by a trained and competent healthcare professional, ideally by a pharmacist’; this should occur within 24 hours of admission. This has been shown to reduce omitted medicines and the patient’s length of hospital stay. During 2022/23, 70% of patients admitted to Antrim and Causeway Hospitals had medicines reconciliation completed on admission.



TURNING THE SEARCHLIGHT ON SARCOPENIA AND FRAILITY - A DIETETIC EXPERIENCE OF IMPLEMENTING CHANGE



Sarcopenia is a condition where skeletal muscle wastage occurs causing loss of functionality and can contribute to frailty. This can impact older peoples' recovery potential.

Adequate dietary protein, its quantity and distribution throughout the day, alongside adequate energy intake, are vital to prevent muscle wastage and to re-build muscle.

Data was collected to establish the prevalence of sarcopenia within Dalriada Hospital (a community recovery/rehab facility) to test the theory that the current nutritional-risk screening tool was not capturing this patient cohort. The purpose of this screening tool is to identify those who need extra nutritional intervention/referral to dietetics.



It was found that 80% of the patients were at risk of or had sarcopenia, however screening of the patients identified that only 5% were at nutritional risk. The sarcopenia cohort not picked up by the screening have been missing vital nutritional support.

Bespoke Nutrition for Recovery training for nursing staff and separate bespoke training for pantry and domestic staff was developed and delivered. Knowledge scores pre- and post-training for nursing staff and confidence scores pre- and post-training for pantry and domestic staff evaluated this training, as these staff would be key to the production and provision of new nutrient dense food and fluid options.

With vested interest and commitment from catering and nursing colleagues, the Trust developed and introduced a new Nutrient Dense menu, an iPad ordering system, which now includes a variety of nutrient dense food and fluid options, and a patient awareness

and self-management leaflet ‘Spotting Poor Muscle Health in Advancing Age’ has been developed for those going home or for those already at home.

Key Objectives

- Meet the nutritional requirements of patients on-site with a food first approach
- Ensure new food/fluid items are obtainable for immediate use and do not incur a high wastage volume
- Develop a culture change, moving away from reliance on Oral Nutritional Supplements
- Provide patient information for sarcopenia awareness and self-monitoring at home

Outcomes

- Improvement in staff knowledge and confidence
- 99% of patients are now able to meet their calorie and protein requirements via a food first approach

PANTRY/CATERING TRAINING - CONFIDENCE SCORES

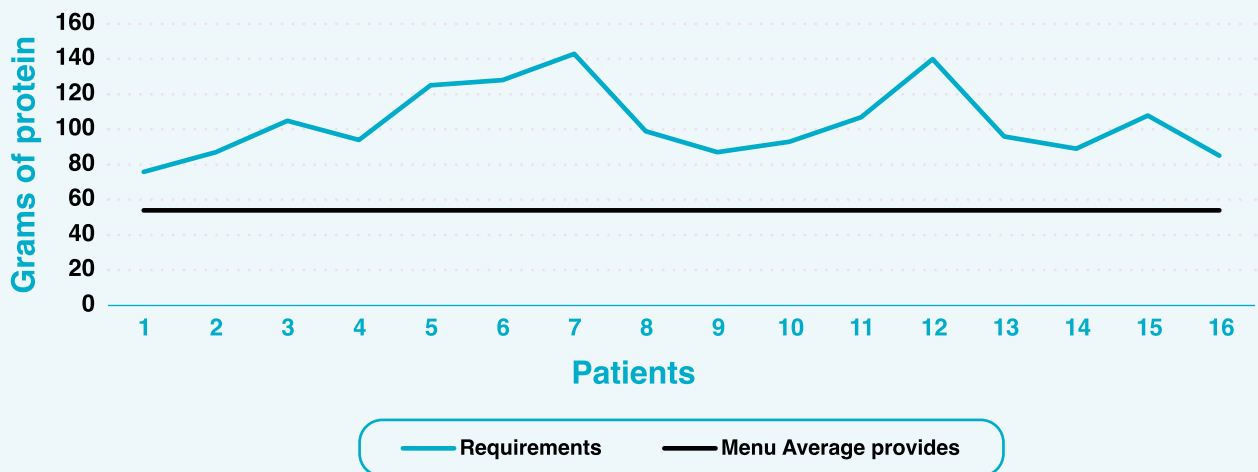




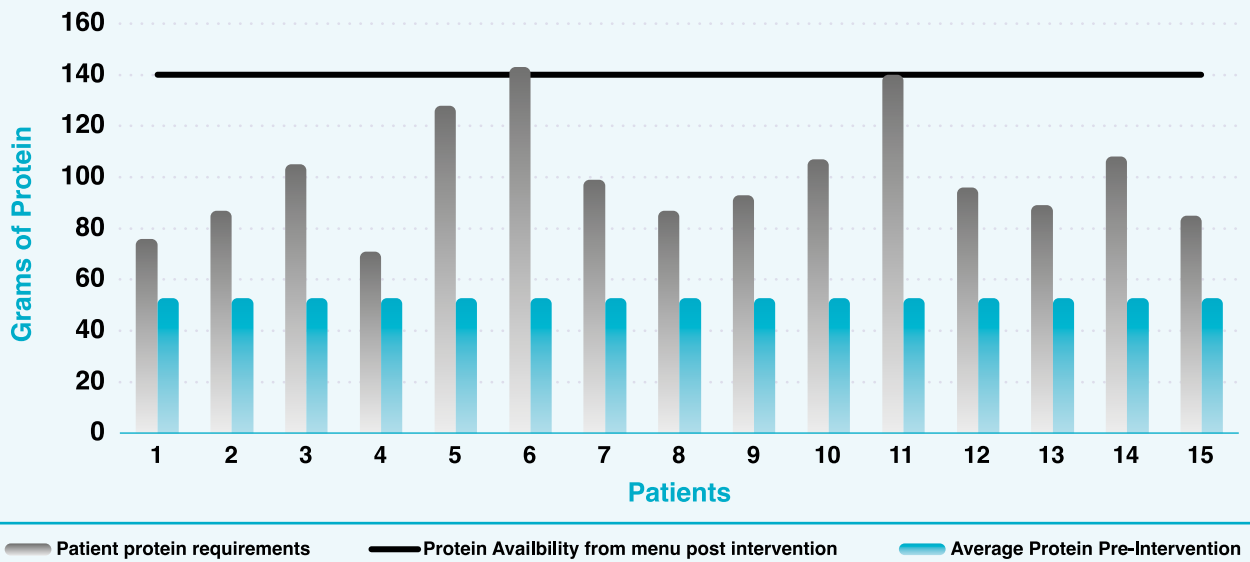
NURSING STAFF TRAINING



AVERAGE MENU PROTEIN PROVISION & PATIENTS PROTEIN REQUIREMENTS



PROTEIN REQUIREMENTS VS MENU AVAILABILITY PRE AND POST INTERVENTION

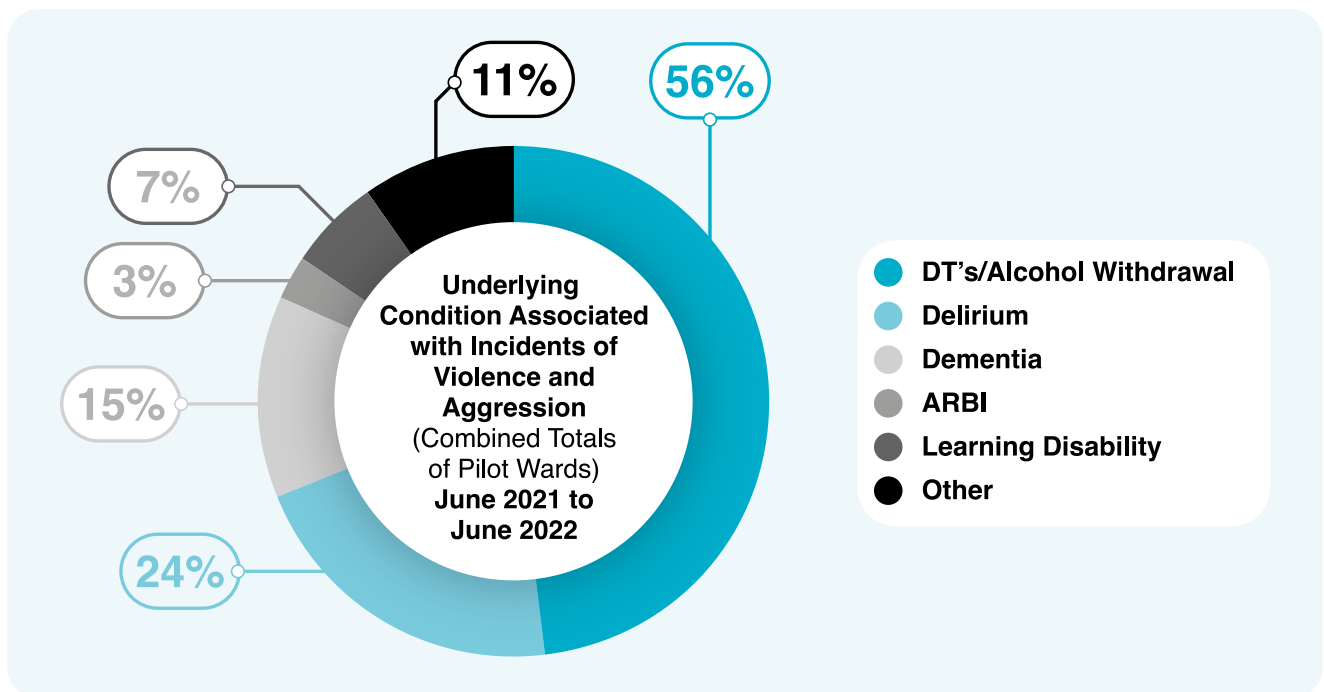




UNDERSTANDING COMPLEX BEHAVIOURS IN AN ACUTE GENERAL HOSPITAL SETTING: PROJECT TO REDUCE CLINICALLY RELATED INCIDENTS OF VIOLENCE AND AGGRESSION

Rising numbers of incidents of violence and aggression across medical wards were identified as an area for improvement within the acute general hospital setting. This project aimed to develop innovative ideas to

address the increasing challenges faced by nurses, and to improve patient care and experience, in reducing incidents, related to a person’s medical condition.



Initially, an interrogation of DatixWeb, identified that patients experiencing either Delirium, Dementia, Alcohol Withdrawal Syndrome, Alcohol Related Brain Injury (ARBI) or had a Learning Disability, were among the five most common conditions associated with these incidents, highlighting the large number of often complex and vulnerable patients cared for within an acute hospital setting.

Two key areas were identified for improvement. There was recognition that nurses’ knowledge and skills in these areas could be developed, and a need to pull-together existing pathways, policies and best practice advice, to reduce variation in practice, to ensure that there were no gaps in treatment or care that had potential to contribute to incidents of violence and aggression.



THEME 3: MEASURING THE IMPROVEMENTS

AIM:

To reduce incidents of Violence and Aggression by 25% within 6 months from October 2022 to March 2023

HOW:

By devising and Implementing an Aide Memoire with existing pathways, policies and best practice advice for the care of people with Delirium, Dementia, Alcohol Withdrawal, Alcohol Related Brain injury or a Learning disability.

This will be accompanied and supported by the roll out of an education programme for nursing staff, and awareness raising with medical staff.

This project created the unique platform to nurture the very best in cross-divisional working. By reaching out to the various disciplines to find a collective solution, it was possible to create a comprehensive overarching checklist for each domain. In particular, colleagues from Learning Disability worked closely with the project team to ensure the needs of people with a Learning Disability are recognised and prioritised within an acute hospital setting.

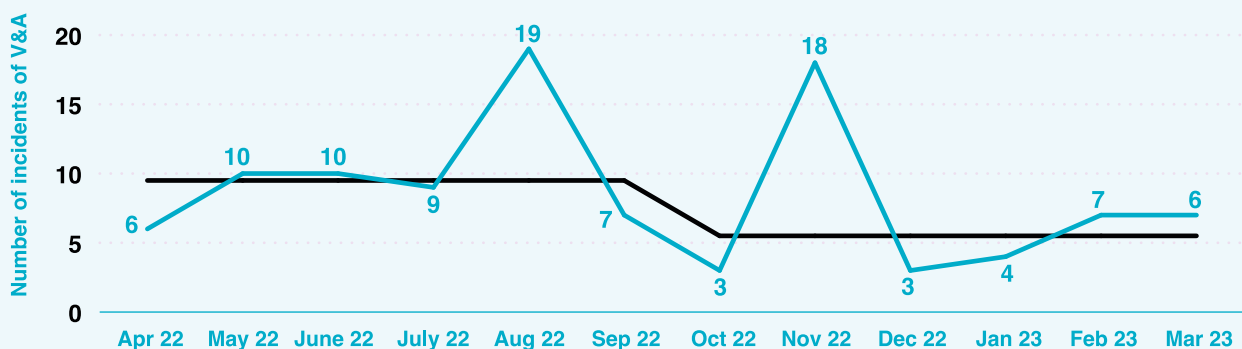
This checklist was tested in four medical wards across two acute hospital sites, evolving through a number of small PDSA cycles of change. The checklist was placed

prominently on each ward to support multi-disciplinary team discussions and guide clinical decision-making, and it was also shared widely amongst medical staff to raise awareness. An educational package was devised and delivered to nursing staff, exploring all five conditions in-depth, to increase knowledge and understanding.

The project aimed to reduce incidents of violence and aggression by 25% within six months by March 2023. Results have shown a reduction in incidents in excess of this target, of over 30%. In particular, there was a reduction of 75% in incidents related to Alcohol Withdrawal Syndrome.

DATIX INCIDENTS OF VIOLENCE & AGGRESSION (COMBINED TOTALS OF PILOT WARDS)

Pre-implementation n = 61
Implementation phase n = 42



Reduction in Incidents by 31%



THEME 3: MEASURING THE IMPROVEMENTS

Nurses have reported an increase in confidence, knowledge and assertiveness and feel better equipped, in advocating for their patient and ensuring specific pathways and policies are implemented. Ensuring safe, effective, timely and patient-centred care, has ultimately helped support staff and led to an improved patient journey, in minimising distress and reducing incidents of violence and aggression.

This project provides a foundation from which we can develop and progress further work in this area. There is a need to continue to foster excellent partnership working with other projects and workstreams including Enhanced Patient Care, Dementia Care for Acute, Crisis Prevention Training, Management of Violence and Aggression Toolkit and in sustaining the Trust's Delirium Care Pathway. This project is being rolled out across all remaining medical wards in the acute setting, and it has also drawn significant interest from other Trusts in the region.



THEME 4:

RAISING THE STANDARDS



The Northern Health and Social Care Trust is committed to raising the standards by putting in place robust and meaningful standards against which performance can be assessed, involving service users, carers and families in the development, monitoring and reviewing of standards.

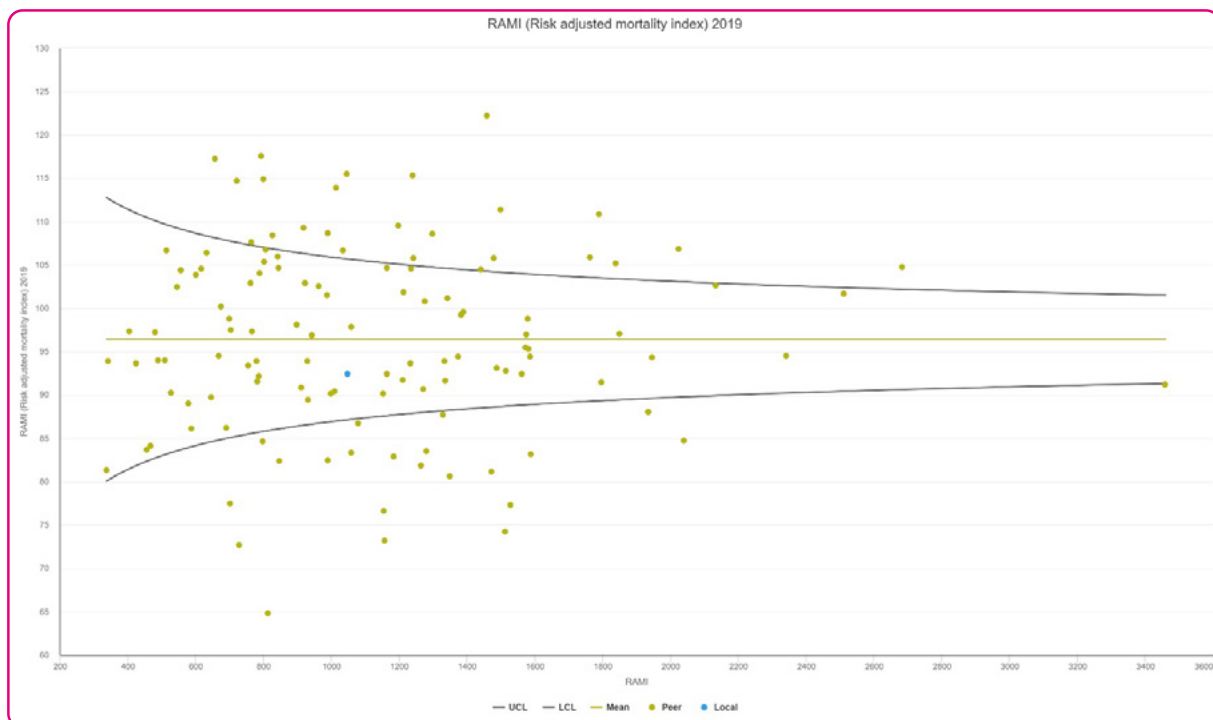
RISK ADJUSTED MORTALITY INDEX

The Risk-Adjusted Mortality Index (RAMI) is calculated by an independent healthcare benchmarking company called Caspe Healthcare Knowledge Systems, Ltd. Based on the age and condition of patients in the Trust's hospitals, it calculates how many patients died compared to how many would be expected to die. The expected number of deaths is calculated using National Health Service (NHS) digital data as of December 2019. A RAMI of 100 means that mortality was exactly in line with expectations; over 100 means more deaths occurred than would be expected, and below 100 means fewer than expected deaths.

The Trust's RAMI for 2022 (excluding palliative care patients) was 92.4. Note - Trust COVID-19 related deaths are excluded as no COVID-19 related deaths were included in the baseline used to create the index.

The chart shows the Trust's RAMI (blue dot) compared to a cohort of English acute Trusts (one green dot per Trust). The further a dot is to the right, the more patients the Trust treated during the year, and the higher up the chart, the higher the RAMI. Dots within the funnel are inside the normal limits of variation. The Trust's RAMI is below 100 and within the normal limits of variation, providing assurance the Trust is providing safe care to its patients.

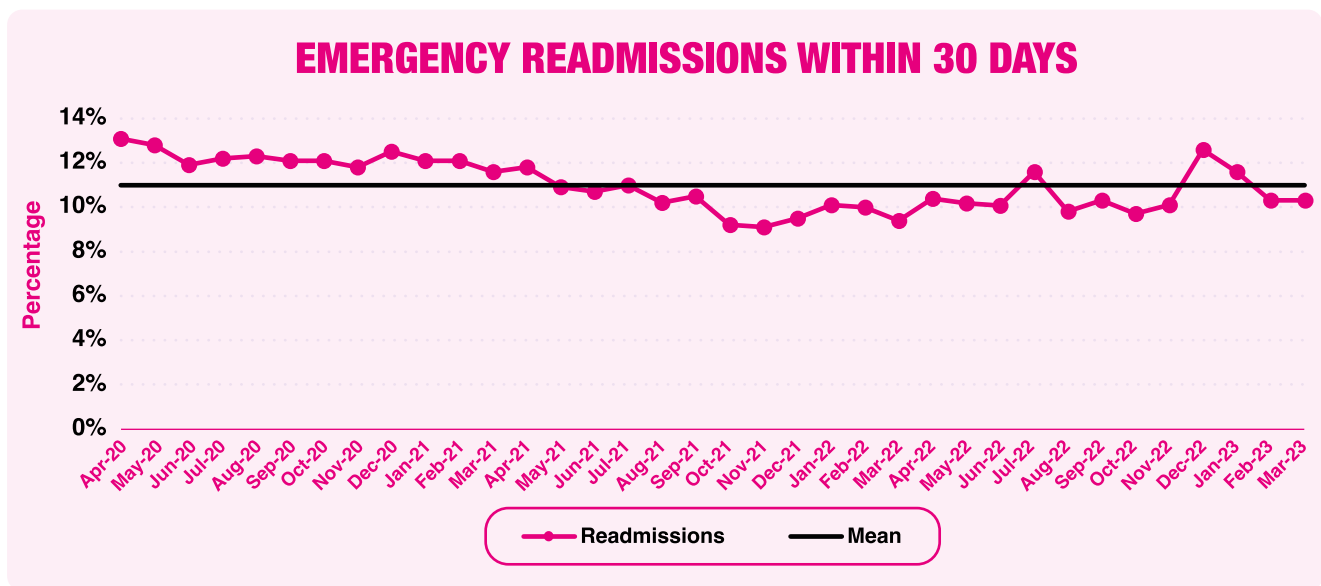
Northern Trust RAMI April 2022 – December 2022 (excluding palliative medicine and COVID-19)





EMERGENCY READMISSION RATE

The emergency readmission rate within 30 days was broadly in line with 2021/22 rates, which had returned to pre-pandemic levels following an increase in 2020/21 caused by deterioration of COVID-19 patients post-ED attendance, and the increased pressure on primary care systems.



EMERGENCY DEPARTMENT (ED)

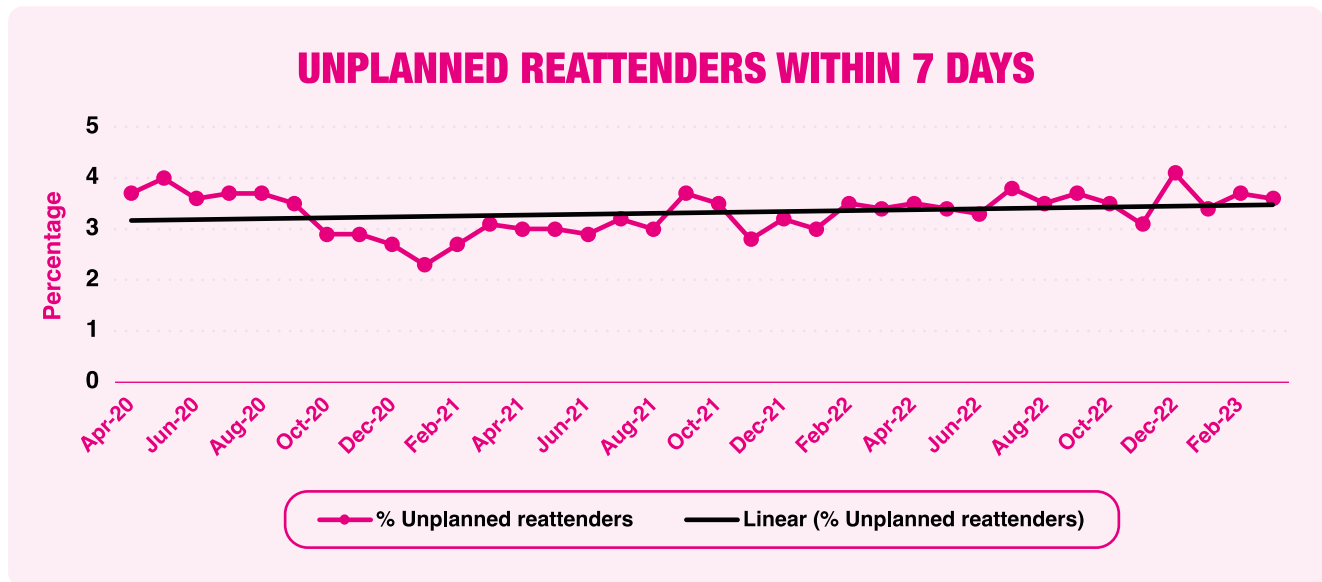
The following table shows Antrim and Causeway performance for the past three years for:

- Total number of attendances
- Percentage of patients seen and admitted or discharged within 4 hours of arrival at ED
- Number of patients spending more than 12 hours in ED
- Percentage of patients seen by a clinician within 1 hour of arrival
- Percentage of patients who did not wait to be seen
- Percentage of patients who re-attended within 7 days with the same complaint

Site	Year	Attendances	4 hrs	12 hrs	Seen <1 hour	Did not wait	Reattenders
Antrim	2020/21	74,076	65.04%	5,695	45.60%	1.7%	3.0%
	2021/22	91,041	54.30%	10,157	30.24%	3.77%	3.25%
	2022/23	94,900	45.69%	14,568	20.44%	5.78%	3.14%
Causeway	2020/21	37,301	71.32%	2,141	40.10%	2.5%	3.7%
	2021/22	45,434	60.31%	3,764	22.19%	5.16%	3.05%
	2022/23	46,997	54.13%	5,911	21.96%	6.16%	4.39%



The following chart shows the percentage of patients who re-attended within 7 days (Northern Health and Social Care Trust total).



ACTIONS TAKEN TO IMPROVE STANDARDS

Both Emergency Departments have remained challenges over 2022/23 with high decisions to admit remaining in both EDs for a prolonged period. An increased footprint has been provided on Antrim site to mitigate and maintain the 4-hour target but despite this increased space, the targets remained challenged due to demand. COVID-19 guidance in regards to swabbing criteria has reduced the pathways available to primary care for direct access but restreaming of patients who arrive in ED and test negative for COVID-19 has allowed patients to be treated in the correct service.

No More Silos

A range of initiatives have been progressed in 2022/23 as part of the 10 Key Actions of No More Silos. Phone First has provided a mechanism for patients to receive clinical advice and guidance before attending the Emergency Department. Following a review

of Phone First, operational hours of this service changed to Monday to Friday 8am-6pm, excluding bank holidays. This change optimises resource by operating the service during times when most calls are received; the new hours commenced in July 2022. Plans are underway to develop Urgent Care Streams within both Antrim and Causeway hospitals; these will provide an alternative pathway to the Emergency Department for patients requiring urgent care who are not experiencing life-threatening emergencies.

NIAS

The Trust worked with NIAS throughout 2022/23 to achieve key service improvements including building an additional 5-bedded Ambulance handover area, which opened in June 2021. Workstreams with NIAS have been formed to target alternative pathways and arrival and handover targets.



REDUCING THE RISK OF HYPONATRAEMIA

The Trust continues to participate in the regional implementation programme in response to the 2018 Inquiry into Hyponatraemia-related Deaths (IHRD). Phase 1 of this programme closed in December 2022 with 66 action points implemented. The Trust has formed a task and finish group, co-chaired by the Directors of Medicine and HR, to oversee completion of those actions relevant to the Trust contained within phase 2a and 2b of the IHRD implementation programme.

The Trust has fully implemented updated regional intravenous (IV) fluid prescribing guidance and documentation for children up to their 16th birthday, and plans to implement revised regional IV fluid balance prescribing and recording for adults in parallel with the go-live schedule for Encompass during 2024. In the meantime, IV fluid prescribing practice is audited as an element of the Trust's corporate clinical audit programme, and safe IV fluid prescription practice for the avoidance of hyponatraemia remains an essential element of corporate mandatory training for all IV fluid prescribers working within the Trust.

SINGLE CHECKING OF A BLOOD COMPONENT

"Single person" checking prior to administration of blood products, proven to improve patient safety, continues to be extended throughout the Medicine and Emergency Medicine Division with positive outcomes for staff and service users. The Trust aims to progress rollout to other Divisions.

BLOOD COMPONENT TRANSFUSION RECORD

The new Transfusion Authorisation Documentation was successfully launched in November 2022, and continues to be embedded throughout Trust services.

IDENTIFICATION AND MANAGEMENT OF SEPSIS WITHIN EMERGENCY DEPARTMENTS

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs.

The Trust continues to monitor compliance with the Sepsis 6 bundle (oxygen, serum lactate measurement, blood cultures, intravenous (IV) fluids, antibiotics and measuring urinary output).

Within the Trust Emergency Departments, during 2022/23, overall compliance with the Sepsis 6 bundle was 22%, a decrease from 51% in 2021/22.

Sepsis 6 audits continue to be undertaken in both EDs with a focus on increasing the percentage of patients who receive antibiotics within 1 hour. In 2022/23 a compliance of 79% of patients received antibiotics within 1 hour of diagnosis on Antrim site.

A champion has been assigned on each site for audit and quality improvement work, which has started to increase audit activity.

During 2023/24 the Trust will continue to audit compliance with the Sepsis 6 bundle, and work with Sepsis Champions to improve compliance.



CANCER TARGETS

The following table shows performance against the three cancer targets:

- Urgent suspected breast cancer referrals seen within 14 days
- Patients diagnosed with cancer who receive their first definitive treatment within 31 days of a decision to treat
- Patients urgently referred with a suspected cancer who begin their first definitive treatment within 62 days

	Target	2020/21	2021/22	2022/23
14 days	100%	34%	39%	29%
31 days	98%	92%	83%	92%
62 days	95%	49%	40%	35%

The Breast service remained under considerable pressure for most of the year with demand well in excess of funded capacity; however, an agreement was reached with another Trust to send a number of red flag (suspect cancer) referrals each month to equalise Breast waits. This improved performance towards the end of the year. Additional Waiting List Initiative funding was also provided to the service whilst recruitment of a fourth consultant took place.

The 31-day target for treatment of new cancer diagnoses improved to 92% in 2022/23 however, the pathway from referral to diagnosis and treatment within 62 days continues to be challenging because of demand for red flag appointments combined with capacity challenges for diagnostics and pathology.

NICE GUIDANCE

The role of the National Institute for Health and Care Excellence (NICE) is to improve outcomes for people using the National Health Service (NHS) and other public health and social care services. One way they do this is by producing evidence-based guidance and advice for health, public health and social care practitioners.

A wide range of different resources published by NICE are used by the Trust in the development and review of policies and guidelines. Examples include clinical guidelines, public health guidelines, antimicrobial guidelines, technology appraisals and clinical knowledge summaries, which are utilised by Trust staff in the development and review of Trust policies and guidelines. Once the Trust policies are approved, they are disseminated for reference by staff and are available within the Trust Policy Library.

The Department of Health (DoH) endorse the



implementation, monitoring and assurance of NICE Clinical Guidelines and Public Health Guidelines. A total of 25 NICE Clinical Guidelines (including updates) and Public Health Guidelines, 83 NICE Technology Appraisals and 5 NICE Technology Appraisals not recommended were issued during 2022/23.

NICE COVID-19 Rapid Guidelines have been developed in collaboration with NHS England and NHS Improvement and a cross-specialty clinical group supported by specialist societies and Royal Colleges to assist with the active management of people with suspected and confirmed COVID-19 in a number of clinical areas.

One NICE COVID-19 Rapid Guideline was published during the 2022/23 financial year. A total of 12 updates or minor changes were received in relation to 5 previously issued NICE COVID-19 Rapid Guidelines as new and updated evidence, policy and practice emerged.

All such guidelines and related updates published to date have been issued to divisions within the Trust and confirmation sought regarding dissemination and implementation being taken forward, where applicable. Services were also asked to identify any implementation issues.

Regular update reports were provided to relevant Committees and Groups within the Trust's Integrated Governance and Assurance Framework Committee Structure.

INTERNATIONAL, NATIONAL AND REGIONAL AUDITS

Clinical and social care audit is a way to find out if care and professional practice is in line with standards, and informs care providers and service users where a service is doing well and identifies what is not working with the aim of changing it. This allows quality improvement to take place where it is most needed and as a result improve treatment, care, safety and service quality for service users.

Trust staff have continued to engage in clinical and social care audit work with international, national and regional audit projects.

International and national clinical or social care audit projects provide an opportunity to measure practice and services against evidence-based standards, using validated tools enabling comparison and benchmarking with other HSC Trusts and Hospitals elsewhere in the UK.

Such audits are managed or led by another organisation, with the Trust, along with other organisations, contributing to the audit. The lead organisation is responsible for reporting on the audit outcomes, however, the Trust recognises the importance of identifying learning and introducing any necessary improvements within the Trust.



During the 2022/23 financial year clinical teams contributed to a number of specific audit projects and service evaluations including:

- Society for Acute Medicine Benchmarking Audit (SAMBA) 2022
- National Audit of Care at the End of Life (NACEL) – Round 4 (includes Antrim and Causeway Hospitals and Community Hospitals SEECare ‘Seeking Excellence in End-of-life care’)
- National The Upper Gastrointestinal Surgeons (TUGS) audits - x 2 Ambrose Study – TUGS multi-national study Group Aroma Study – Multi-national Audit
- British Society of Gastroenterology (BSG)
- End of life care in adVanced chrOnic LiVER disease (EVOLVE)
- National British Thoracic Society Respiratory Support Audit
- National Audit of Small Bowel Obstruction
- National Re-audit of Prevention of Acute Kidney Injury (AKI) and Hypersensitivity
- Non Alcoholic Fatty Liver Disease (NAFLD)
- UK Parkinson’s Audit 2022

These have provided an opportunity to review patient management, outcomes, safety and clinical effectiveness. A number of these audit projects are ongoing. The results generated from these audits will help inform clinical practice and improve patient care. For example, the UK Parkinson’s audit measures the quality of care provided to people living with Parkinson’s against a range of evidence-based guidance. It involves Elderly Care and Neurology consultants, who care for people with movement disorders. It also includes Parkinson’s nurses, occupational therapists, physiotherapists and speech and language therapists, who care for people with Parkinson’s. The audit engages services within these professions to measure the quality of their practice, within their model of care provision, and to trigger service improvement plans.



REGIONAL AUDITS

The following clinical audit is an example of a project funded by the Regulation and Quality Improvement Authority (RQIA) as part of its annual clinical audit programme:

- Review of the implementation of recommendations to prevent choking incidents across Northern Ireland, May 2022

The aims of this review were to:

1. Hear the views and experiences of patients, carers and families with regard to the measures implemented to prevent choking
2. Assess the governance arrangements and system oversight of the implementation of the recommendations to prevent choking incidents across Northern Ireland
3. Assess the operational implementation of the six recommendations from the Safety and Quality Reminder of Best Practice Guidance letter SQR-SAI-2021-075
4. Assess the effectiveness and impact of systems and processes designed to support the delivery of quality care

The report has been reviewed with regards to the 25 recommendations made and actions applicable to Trust services, for consideration and taking forward.

ADDITIONAL AUDIT PROGRAMMES

In addition to participation in international, national and regional audit programmes, the Trust also has a mandatory rolling clinical and social care audit assurance programme. The programme content is directed by audit assurances or monitoring required by external organisations and internal Trust obligations for example, learning from serious adverse incidents, complaints or litigation. Clinical and social care professionals are also involved in a range of audits at service/departmental level.

Monitoring of progress with projects and reviewing the implementation of recommendations and learning following project completion, is undertaken by the Trust's Clinical and Social Care Audit and NICE Implementation Committee. In addition to feedback reports already provided to relevant Committees within the Trust's Integrated Governance and Assurance Framework, an annual clinical and social care audit report for the 2022/23 year will be produced in late 2023.



RESEARCH AND DEVELOPMENT

The Trust is pleased to announce that, since the last reporting period, 41 studies have been approved.



Involving patients, service users and carers in Research

Opportunities to get involved are all around us. Research is happening in all Trusts in Northern Ireland and hundreds of patients and staff take part every year. Research outcomes would not have been possible without patients, clients, service users and carers input. Without Research there wouldn't be any scientific breakthroughs, every drug, treatment, and intervention is thanks to service users and patients taking part in research. There are many different ways to support research. Whether it is taking part in a study, helping to shape future research, or promoting research to the wider community.



THEME 5:

INTEGRATING THE CARE



A new Integrated Care System (ICS) is being developed for Northern Ireland. This system signals a new way of planning, managing and delivering our health and social care services based on the specific needs of the population. The ICS approach brings many partners together, building on the excellent partnership working encountered during the pandemic. Reaching out beyond traditional boundaries, the ICS will harness the strengths in our existing partnerships. Over the past year the Southern area was identified as the first test site and, during 2022/23, the planning for the establishment of the Area Integrated Partnership Board, to manage and lead the new model in this geographical location, was substantially completed for 'go live' in May 2023. Other areas, including the Northern area, will follow later in 2023/24 following an evaluation of the test site this autumn.

Trust/GP Partnership

The Northern Health and Social Care Trust/GP Partnership continued to meet throughout 2022/23, and developed an agreed plan for collaborative working. The plan covers four areas:

- Building capacity in primary care
- Primary/secondary care clinical engagement
- Elective care
- End of life care

All four areas have progressed since the plan was agreed, and the Trust will continue to work collaboratively to improve the services delivered to patients.

No More Silos

The No More Silos (NMS) programme refocused its efforts during 2022/23, to concentrate on the development of Phone First, Urgent Care Centres and Rapid Access Assessment and Treatment Pathways. The Trust has been working closely with the regional NMS team to agree how best to develop these services in the Northern area, with a view to securing investment during 2023/24.

Population Health Improvement

The Trust has been working with partners to establish a multi-agency working group to oversee the development of population health improvement approaches which tackle the underlying causes of poor health. This group will share learning on best practice and develop place-based responses through forging closer relationships between statutory partners and with communities. The focus will be on jointly agreed priorities and initiatives in areas where there is shared responsibility for vulnerable people and a collective response is required. This provides opportunity to consolidate and grow initiatives through Community Planning and similar cross-agency relationships.

Multi-Disciplinary Teams in General Practice

Throughout the year, work continued to support and enable the embedding of First Contact Physiotherapists, Mental Health and Social Work roles within primary care. The Primary Care Multi-Disciplinary Team (MDT) model also includes District Nursing and Health Visiting, further developing and strengthening partnerships. Together, MDT staff work alongside existing practice staff to plan integrated and continuous local care for the populations they serve.



COMMUNITY CARE

Introduction of a Clinical Educator Role for District Nursing

The Clinical Educator for District Nursing is a relatively new role, aimed at working in partnership with District Nurses, Lead Nurses and the Professional Lead for Community Nursing. The role involves supporting preceptorship, induction, education and practice development for nurses and senior nursing assistants within the district nursing service.

The Clinical Educator works in collaboration with the District Nurse, to facilitate practice-based learning, for both newly qualified nurses and those who have joined district nursing from other areas of nursing.

Alison Blair, Specialist Practitioner District Nurse, was appointed to the post in October 2022. Alison has provided support across all district nursing teams, sharing her clinical expertise and knowledge as she works alongside staff to facilitate their development. Alison acts as a positive role model and has made a significant impact during the short time she has been in post. She has nurtured and supported several newly qualified nurses through their preceptorship and induction using one-to-one support in clinical skills development.

Alison has identified training needs and has developed bespoke training updates for groups or individuals on key areas of practice. This has included group sessions on compression bandaging techniques aimed at improving outcomes for patients with lower



limb wounds, and guidance for new nurses on person-centred holistic assessment for patients with palliative care needs. Alison has also provided one-to-one support to oversee competency attainment in Peripherally Inserted Central Catheter care, Syringe Pump care, Doppler assessments and complex risk assessments.

The Clinical Educator role has been invaluable in providing a partnership approach to ensuring that all district nursing staff are supported to deliver safe and effective person-centred care. Alison is looking forward to evolving the role further and embedding a positive culture of continuous learning and development across the district nursing service.



Career Pathway for District Nursing in Northern Ireland – appointment of the first Consultant District Nurse

This Career Pathway was developed in order to support and strengthen the clinical nursing roles that are essential to transformational change. This ensures that district nursing services meet the needs of their population, through the delivery of high quality care.

The pathway is designed to facilitate a consistent approach in the development of six main roles within district nursing services.

- Senior Nursing Assistant
- Community Staff Nurse
- Senior Community Staff Nurse
- District Nurse
- Advanced Nurse Practitioner in District Nursing
- Consultant District Nurse

Sadie Campbell took up post in August 2022 and was the first Consultant District Nurse appointed in Northern Ireland.

Sadie practices autonomously at an advanced level in the delivery of high quality, safe and effective person- and family-centred care. She blends a significant proportion of direct, higher level clinical care with education, research, service development and evaluation activities, and works with multi-disciplinary teams across organisational and professional boundaries.



She leads and influences service policy development at a strategic level while continuing to provide a strong clinical commitment and expert advice. She drives improvements in population and public health and wellbeing outcomes across community services and the adult population and works in partnership to progress the digital agenda within district nursing services.

Sadie's role is supported by a set of four core competencies and related learning outcomes:

- Expert Practice
- Education, Training and Development
- Professional Leadership and Consultancy
- Practice and Service Development, Research and Evaluation



Sadie offers expert advice to clinical colleagues and supports complex decision-making.

Sadie is currently working in partnership with the University of Ulster, the Northern Ireland Practice and Education Council for Nursing Midwifery (NIPEC) and other stakeholders as part of the Post-Registration Standards Steering Group and Collaborative to agree the revised Nursing and Midwifery Council Standards for Post-Registration Education Specialist Practice Qualification (District Nursing Pathway) for implementation in September 2024.

Sadie supports Non-Medical Prescribers within the district nursing service through peer support workshops, which enables them to maximize opportunities to provide timely treatment to the patients on their caseload.

The roles and responsibilities of the community palliative care key worker

Maria Betts, Trainee Advanced Nurse Practitioner in District Nursing, published an article 'The roles and responsibilities of the community care palliative care key worker' in the British Journal of Community Nursing in August 2022.

Maria also presented her work at the Cross-sector Partnership for Palliative and End of Life Care research conference at Queen's University in October 2022.

Maria is continuing her work by researching what the views of carers of people with Motor Neurone Disease are of the palliative care key worker (District Nurse) role, and aims to use the findings to inform future practice. Maria aims to complete the study by March 2024.

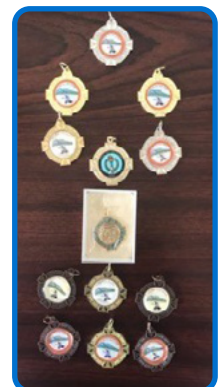
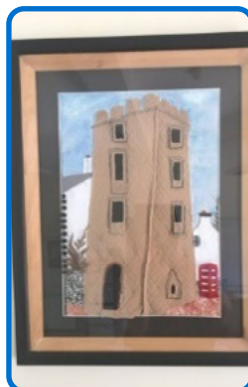
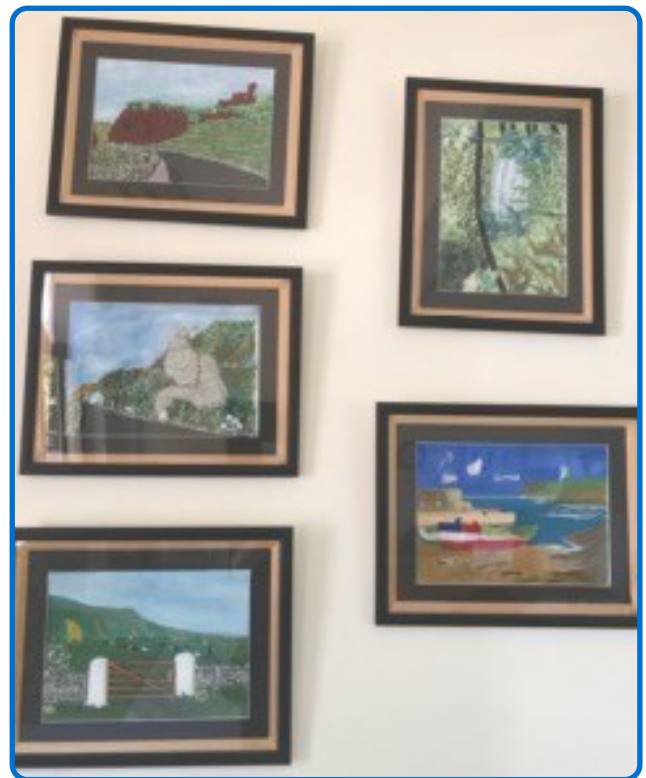
Maria also featured in the BBC series 'Nurses' which showcased the role of the District Nurse.



Day Care

Glenmona Day Centre provides Day Centre opportunities for residents from the local Glens of Antrim/Moyle area. The centre is committed to maintaining the health and wellbeing of service users who access its services. The team of trained social care staff recognise the individuality of each service user and of the need to respect their privacy, dignity, independence and choice. Every year Glenmona staff and service users prepare arts and crafts for the local Feis Na nGlenn. Numerous awards have been presented to the service users for their work.

All activities are tailored to individual needs and abilities and also include indoor bowling, reminiscence/life story work, craft and art activities, cookery/baking, music, relaxation, bingo/quizzes, physio-based exercise and horticulture.





Care Home Support and Governance Framework

This project, arising from Renewing Our Vision, aims to develop a Care Home Support and Governance Framework for the Trust. This will ensure the Trust is accountable in its structures, processes and culture to assure Care Home resident safety, experience and quality of care, whilst also meeting statutory and policy requirements.

The project involved a review of the model of care-managed resident placement, and a review of the model of delivery of Permanent Placement Team (PPT). A Care Home Information Platform app was also developed, to provide comprehensive data collection and display of care home information through an intelligent smart platform. This provides the foundation for the development of an Alert, Support and Escalation Framework, with aligned relevant in-reach pathways. A pilot also took place on Resident Anticipatory Care Planning. Work is progressing on developing a Trust algorithm to rate data to inform the Trust with regard to governance and oversight of its care homes.

The work has progressed using a co-production ethos, with good attendance at a number of Care Home engagement events, and Care Home representatives forming part of the sub-groups taking the project forward.





MENTAL HEALTH

Carer Lead

In May 2022, the Trust appointed its first Learning Disability Carers Lead, Keelin Marron. The aim of this role is to facilitate better connectivity between carers and staff in Trust leadership roles in order that carers are more involved in shaping plans and decisions around services. The role was developed with consideration of the different ways in which carer and service user voices could be better heard and therefore includes elements of advocacy, building carer networks and information sharing. The Carer Lead hosts monthly carers events in each locality to provide a forum for discussion of local issues and to gain feedback, with over 200 carers involved with this workstream already.

Psychological Services Outcomes Framework

Psychological services routinely gather and analyse outcome measures. This activity allows the services to monitor the safety, effectiveness and appropriateness of interventions deployed and helps identify gaps in service provision and performance. The data also permits services to gather practice-based evidence for the interventions offered and evaluate the effectiveness of treatments.

Since 2016, the agreed framework used across psychological services in the Trust is the “Three Pillars” model (McCusker, 2014). This evaluates clinical outcomes across three areas:

- 1. Access** - evaluates whether the profile of clients within the service matches the intended population of the service
- 2. Acceptability** - a measure of service user and clinicians’ experience of the service, measuring perceptions on how treatment impacts on overall wellbeing and social/psychological functioning
- 3. Effectiveness** - measures the impact of treatments on recovery for individual service users, which is measured through symptom reduction and clinical outcomes including quality of life, work and social functioning and improvement in wellbeing

During the period 2022/23 the outcome information gathered relating to the 2021/22 period was analysed and a visual report was developed, to demonstrate the range and impact of the service, as can be seen in the following example:



THEME 5: INTEGRATING THE CARE

Innovations in our Services

Children's Learning and Disability Therapeutic Service
introduced a number of new groups this year including Foundations for attachment Programme which aimed to support carers in understanding how to provide support for behaviour. Parent Plus which aimed to support parents to manage behavioural and emotional difficulties, build self-esteem and confidence and reduce their own stress as parents. Lastly, communication clinic which focused on the use of visuals, assessing understanding of language, trialling sensory play activities and determining individual motivators.

STEP is working with local universities to develop a school-based intervention to prevent mental health difficulties in adolescents.

Psychological Services Innovation and Quality Improvement (PSIQI) is continuing to explore the use of Virtual Reality technology to enhance Exposure in therapy in a number of on-going projects, including developing a user-friendly software platform to enable clinicians to create bespoke VR environments for individual clients.

Clinical Health Psychology
developed and delivered a new post-covid psychological service provision as part of multi-disciplinary service provision by the trust.
designed and delivered online cardiac adjustment group to support people as a first line intervention following Myocardial Infarction.
commenced teaching on medical and pharmacy training courses at University of Lister.

INDACT Research Centre
is working on a regional framework for trauma informed alcohol and drug services. This is part of the regional substance abuse strategy.

Our Vision
We provide compassionate care with our community, in our community.

NHSCT Psychological Services
Annual Visual Outcomes Report 2021-22

if you would like to give feedback on any of our services please contact:
Email: user.feedback@northerntrust.hsc.ni.net
Telephone: 028 9442 4555
Northern Health and Social Care Trust
NHSCT Trust
www.northerntrust.hsc.ni.net

Services that took part in this year's evaluation were:
Acute Mental Health Psychology Services (AMHPS), Clinical Health Psychology (CHP), Children's Learning Disability Therapeutic Service (CLDTS), Learning Disability Clinical Psychology (LDCP), Positive Behaviour Support Service (PBSS), Paediatric and Neonatal Clinical Psychology Service (PNCPS), PROMOTE, Psychological Therapies Service (PTS), Northern Trust Brain Injury Service (NTBIS) and STEP service.

Access:
1. Age:
<18 = 11.6%
18-25 = 13.2%
26-45 = 34.2%
46-64 = 30.5%
65+ = 10.4%

2. Referrals and discharges:
Referrals: 2095
Discharges: 1686

3. Gender:
(Referrals) 43.1% Male, 56.8% Female
UID - 0.1%

4. Locality Percentages
ABMC - 43.6%
CBM - 23.9%
LCN - 43.6%

5. Training Attendance:
Total number of people in attendance across services: 888

Effectiveness
1. % of service-users who achieved clinically significant improvement: 50.1%
2. Comparison to other benchmarks:
PTS benchmark their performance against IAPT and report that for completers within the PTS, who had pre and post scores for symptom-specific measures, 72.1% demonstrated reliable clinical improvement and 46.2% showed reliable recovery. IAPT recently reported that 60.5% of clients met the criteria for reliable improvement while 48.5% demonstrated reliable recovery (HSDC, 2020).
STEP (5.6% transition rate), also outperform their benchmark comparator, OASIS who report a 15.2% transition to psychosis rate (Fusar-Poli et al., 2013).

Acceptability
What percentages of service-users were satisfied across six categories?
85.2% aware that a referral was made
99.3% Suitable appointment times
88.9% Satisfied with facilities
95.9% Seen promptly for appointment
98.8% Felt listened to and cared for
99.4% Treated with respect and courtesy

What % of SU's agreed that seeing a psychologist helped with:
96% Understanding my problems
96.9% Coping with problems better
92% Goal Achievement
92.3% Distress reduction

How did SU's describe Psychology Staff:
• "Good team who listened to me and for the person I care for" - PBSS
• "Immediate access to support when required. All staff are approachable and knowledgeable" - PBSS
• "I could not recommend (Psychology) enough to anyone, she helped my child so much through a very difficult period and she was so caring that my son opened up to her fully which was a great relief to us" - PNCPS
• "Support was understandable and available" - NTBIS

What did SU's suggest we work on?
• "Just maybe to make other mums and dads more aware of your service and the help that is available for them" - PNCPS
• "Employ more therapists so more children get the help they deserve" - PNCPS
• "Longer term groups would be better" - NTBIS

References:
Arai, D. & Clarke, I. (2016). Investigating the efficacy of a whole team, psychologically informed, acute mental health service approach. *Journal of Mental Health*, 1-8.
Health and Social Care Information Centre (HSCIC). (2020). *Psychological Therapies Annual Report on the use of IAPT Services*. England, 2018-2019.
Fusar-Poli, P., Barnes, M., Szeged, S., Vennegga, L. & McGuire, P. (2013). Outreach and support in south London (OASIS): 2001-2011: ten years of early diagnosis and treatment for young individuals at high clinical risk for psychosis. *European Psychiatry*, 28(5), 314-324. PMID: 23320562/2013.05.005

Crisis Resolution & Home Treatment Team

The Crisis Resolution Home Treatment Team (CRHTT) provides a multi-disciplinary mental health service on a 24-hour basis, 7 days per week. The service is available to adults eighteen years and over who are experiencing an acute deterioration in their mental health and has two distinct functions:

- **Home Treatment** - provides assessment and treatment as an alternative to hospital care and also facilitates early discharge from hospital
- **Crisis Resolution** - aims to safely manage the immediate needs of service users not currently open to mental health services and/or those known to community mental health services who require support outside normal working hours. Referrals to the service can be made on a 24-hour basis, 7 days a week



The CRHTT has one point of referral, but the team is divided into three geographical sectors that are each aligned across specific Community Mental Health Teams (CMHTs). This alignment ensures improved integrative working across acute and community care services.

Over the twelve-month period from April 2022 until March 2023, the CRHTT responded to 3,976 referrals, an increase of over 60% in referrals from the previous year. This demonstrated an increase in demand for this type of support following the COVID-19 pandemic. These numbers continue to grow, building on the preceding year and highlighting a significant number of people presenting in crisis.

The team have successfully ensured assessment and collaborative safety planning is available to all service users presenting in a mental health crisis and/or with suicidal ideation.

The CRHTT continue to support the development of a regional crisis mental health service as envisaged by the Regional Mental Health Crisis Service for NI Policy (DoH, 2021). This policy aims to reduce the number of people who have to wait longer than two hours for an assessment and the number of people who attend Emergency Departments in Crisis.

During the period 2022/23, the CRHTT successfully established three geographical sectors, each aligned to specific CMHTs:

- 1. Larne / Carrick / Newtownabbey sector
- 2. Ballymena / Ballymoney / Coleraine sector
- 3. Antrim / Magherafelt / Cookstown sector.

This approach promotes improved integrative working across acute and community care services.

Training and development support has been provided to Non-Medical Prescribers aimed at optimising the team's capacity to utilise pharmaceutical interventions in a safe, effective, timely and evidence-based manner and to improve patient outcomes across the sectors.

The period 2022/23 also saw the team move into their new purpose-built modular accommodation, namely Coggrey Centre, located at the Holywell Hospital site. The centre comes with new office accommodation, clinical space and numerous interview rooms for patients to be seen alongside their family or carers.

Physical Care of the mentally ill

Point of care haematology analysers have been introduced in two pilot "One-Stop" Clozapine clinics at Larne and Antrim CMHTs, facilitating the provision of a modern and efficient Clozapine monitoring service. This enhanced service will enable service users to receive both their blood test results and their medication supply at the same appointment, improving patient safety and experience. Plans are in place to extend this provision across all nine CMHTs.



Perinatal Addictions Joint Pathway

This pathway provides specialised care for patients who are pregnant and are at risk/are using substances including alcohol, and involves the roles of Specialist Midwife in Social Complexity and Advanced Nurse Practitioner in Addictions.

The World Health Organisation published guidance in 2014 that describes the harm caused by use of drugs and/or alcohol and multiple complexities faced by mother and baby during and after delivery. This includes gynaecological and physical complications for mothers and potential developmental problems for a baby. Khalil et al. (2020) conducted research in the United States (US) between 2019 and 2020 that indicated a 6.93-fold increase in stillbirths, which the study associated with drug and alcohol use during pregnancy. Eogan (2021) describes a higher likelihood of babies needing to be admitted to the Neonatal Intensive Care Unit, when mother has been using substances. In addition, a report published in 2021 by Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRACE) advises that 16% of maternal deaths are due to drug or alcohol. Pregnancy is both a vital time of development for the baby but may also be the first time for a woman to engage with healthcare services. Accordingly, this is a time of opportunity to address any alcohol or substance misuse issues the mother may have.

Babies can also experience withdrawal symptoms post-partum. In the past the focus of withdrawals has been on opiates and the symptoms babies show when withdrawing from opiate-based substances. The 2020 report from the American Society of Addiction Medicine (ASAM) explains that neonatal abstinence syndrome (NAS) was a term used to describe the cacophony of symptoms caused by baby post-partum, which was historically linked to foetal exposure to opiate-based substances. However, Hudak (2012) advises that there is evidence to suggest barbiturates, Benzodiazepine and alcohol can cause NAS, and it is not solely linked to abstinence from opiate-based substances.

Harmful complications to baby can occur, and in turn can cause further physical and fatal complications for mother. Due to these complexities, Findlay (2016) suggests a joined-up services approach is required to offer women with addictions skills for recovery.



In response, the Trust has developed a joint pathway during the perinatal period to enhance care for those using substances or alcohol before, during and after pregnancy. It provides clinical interventions, support and bespoke care for those with a history or current use of substances. Maternity services may refer into this pathway directly and, in a three-month period, twenty mothers have been referred to the pathway. A review of the pathway was completed and found that:

- 100% of service users attended appointments
- 80% were admitted to Carrick 1 Regional Addictions Unit for detoxification and stabilisation
- 7 were prescribed an Opioid Substance Therapy (OST)
- 88% continued to engage with Community Addictions Services post-delivery
- 40% of mothers had pregnancy complications
- 37% had preterm births
- 50% of babies required care in the Neonatal unit
- Of mums on OST, 50% of babies were documented with a neonatal withdrawal score
- 63% babies went home with mum

Community Addictions Service

The Community Addictions Service commenced a new waiting list initiative in January 2023 in response to continued waiting list pressures. The initiative involved a process of validating requirement for the service by letter, and delivery of screening clinics over a four-week period in February and March. By March 2023, the waiting list was reduced from 515 service users to 272, and those waiting over the agreed 9-week timeframe from 338 to 55. Those patients still waiting over the target timeframe have had initial assessments booked. The Service continues to reduce waiting lists further through the provision of additional assessment slots outside of the usual working hours.



DAY SERVICES

The Trust was the first to fully remobilise its provision of Day Services in the Summer of 2022 following the COVID-19 related downturn. A strengthened organisational structure has enabled further developments within day opportunity services, allowing service users in adult centres to participate in community-based day care rather than being restricted to adult centres.

This results in less people in the centres, and a more therapeutic environment for everyone. Additionally, the Trust has secured new day opportunity contracts in Cookstown and Larne, as well as new social farming contracts across the Trust area, which will create new and diverse day care experiences for service users.



Assessment & Treatment Services

The Trust's first Learning Disability Acute Ward to support service users who become unwell, will officially open in April 2023. The Trust created this three-bed ward, to manage a gap in provision of acute inpatient care for those who need treatment under the Mental Health Order (1986), caused by the closure of Muckamore Abbey Hospital to new admissions. This £500K initiative included extensive renovations to a disused ward in Holywell Hospital, with the aim of providing critical support to patients in the Northern and South Eastern Trust areas. It offers a safe, secure space for patients to receive dedicated multi-disciplinary treatment, and includes a multi-sensory room, outdoor space as well as individual en-suite bedrooms.

RECOVERY COLLEGE

Well Read Project

Well Read, a programme first introduced to healthcare settings and prisons within mainland UK was brought to the Trust in 2022, through initial funding provided by Prime Cut Productions. The programme, delivered to four services over a ten-week period, provided a trained Facilitator, usually an actor, to work alongside a group reading and discussing a variety of short scripts/ plays. The programme runs over ten weeks, and groups can involve up to twelve participants and aims to develop confidence, encourage reflection, sharing of ideas, develop resilience skills, and become involved with something new in a safe and supportive learning environment.

This was the first time the project has been delivered within a healthcare setting in Northern Ireland. Due to its success, and the very positive feedback from participants, additional funding has been secured through Charitable Trust Funds to extend the programme, which is currently being delivered within The Recovery College (online), a Supported Living Unit, (face-to-face) and Carrick 1 Inpatient Addiction Service (face-to-face).

Perinatal Team Co-Production with Recovery College – Maternal Journaling

The Recovery College co-worked alongside the new perinatal mental health team, with the perinatal midwife, to look at developing courses/recovery focused groups for their client group. This pilot scheme involved a small group of pregnant women, over a six-week period, to discuss many of the different aspects of motherhood, often completing practical tasks by using the tool of journaling. Each of the activities within the course encouraged the women to explore their thoughts, feelings and experiences as mothers, and capture them in a journal - introduced as a tool to support their wellbeing. The group provided a safe and supported learning environment that encouraged self-reflection and self-development. As a result of very positive feedback received, funding has been secured to run further groups with a future sustainability aim of supporting some participants with training through the Open College Network (OCN) NI in order that they could co-facilitate groups and share their own lived experiences.



Delirium Care Pathway

With the aging population, it is expected to see increasing numbers of patients at risk of Delirium admitted to, and cared for, within the Trust's Acute Hospitals. Delirium presents an extremely complex set of circumstances which, when manifested within an acute hospital setting, can escalate risk and lead to a poor patient journey, as well as having the potential to prevent a timely transition out of hospital back to the community.

Following a comprehensive review and evaluation of the successful Delirium project in April 2022, the Trust has continued to build the Delirium focus across the Medicine & Emergency Medicine (MEM) division. The Delirium Care Pathway continues to be embedded and utilised, to identify risk factors and screen for Delirium within 24 hours of hospital admission. Staff continue to be supported in developing essential skills in communication, de-escalation and distraction, as well as the identification and resolution of triggers. As staff endeavour to provide compassionate person-centred care, these skills are paramount in effective prevention and management of Delirium.

Building on the existing Delirium Champion model, the Trust has commenced the process of aligning this role with the Northern Ireland Practice & Education Council (NIPEC) Link Nurse Framework. This will create greater role clarity, with nurses working within a defined framework, resulting in staff feeling better equipped and supported to sustain improvements in their respective areas.

Over 80% of nursing staff across the MEM division have completed training in Delirium awareness and ongoing training opportunities continue. This is essential in meeting the demands of a changing workforce to ensure the knowledge-base on Delirium remains high.

Regular audit of the Delirium Care Pathway has proven to be beneficial in identifying areas for improvement, with initiatives being piloted within the acute frailty, stroke and care of the elderly settings, allowing for adaptation to the original Delirium pathway to address areas of limitations and to nurture seamless multi-disciplinary working. As the Trust moves forward, Delirium will require continued focus in building a shared vision, sustaining improvements and working in partnership, in improving the experience and outcomes of patients.



SOCIAL WORK AND SOCIAL CARE

QUALITY IMPROVEMENTS IN CHILDREN'S AND YOUNG PEOPLES SERVICES

Independent Review of Children's Social Care Services in Northern Ireland

The Review has found that there are more than 4,000 children on the waiting lists for assessments and help from children's social care services across the five Health and Social Care Trusts. The review also notes that Northern Ireland has a much higher rate of children being referred to children's social care services compared with the rest of the UK and the Republic of Ireland, a higher proportion of our children are seen as 'in need' of help. In addition to this, a higher proportion of children have protection plans, and Northern Ireland has a record number of children in care.

A major recommendation is that a region-wide organisation should be created to deliver children's social care services and to create the platform to address the significant issues that need to be tackled.

The Trust established an improvement approach to address interim findings from the Independent Review. The Children's and Young People Division considered the current challenges across the system and identified seven areas for improvement. Operational and Professional teams have completed a number of improvement plans to address some of the recurrent issues in a different way and offer the opportunity to explore new solutions to long-term challenges.

This improvement approach seeks to address immediate short-term issues to support change while also strategically focusing on stronger and better systems for the future.

Improvement workstreams:

1. Workforce Recruitment and Retention

This workstream coordinated all existing work in relation to children's services workforce development. It sought to identify current vacancies and promote opportunities to understand why people choose not to join or remain as part of the children's workforce and develop creative solutions for workforce care and development. This included developing proposals for safe and sustainable teams linked to normative staffing arrangements.

2. Skills Mix and Delegation Framework

This workstream coordinated a regional approach to skill mix and the application of the delegation framework.

3. Review of Administrative Support in Children's Services

This workstream explored new roles and responsibilities of team members; developing proposals for best support and integration of administrative roles/responsibilities within skills mix teams. It also made recommendations in relation to the administrative support that is required to enable teams to deliver on reporting, recording and service co-ordination required by children's services.



4. Unallocated cases

This workstream focused on reducing variation of service to children in need across Northern Ireland. The workstream sought to ensure there is an opportunity across Northern Ireland for all children to receive care and support at their earliest point of contact. The group explored enhanced working arrangements with voluntary community partners to support and assist children and families referred, but unallocated to social workers.

5. Reducing Bureaucracy

This workstream coordinated the approach to reducing bureaucracy across children's services in Northern Ireland. This will include current recording, reporting and service processes and policies.

6. Early Help

This workstream aimed to develop opportunities to enhance the provision of early help to families at their earliest point of need, exploring and understanding current service pathways and how they can be enhanced based on the existing work of the family support hubs, single point of entry and Gateway service. The early help workstream will explore exemplars of good practice nationally and internationally with a view to testing local solutions/service change in Northern Ireland. The group continues to explore enhanced working arrangements with voluntary community partners to support and assist children and families, at their point of need.



Maura Dargan (Divisional Director of Children and Young People & Executive Director of Social Work) speaking at the launch of the Independent Review of Children's Social Care Services in Northern Ireland



Delegated Statutory Functions

During this reporting period the Trust has maintained its responsibilities for exercising, on behalf of the Department, the statutory functions which are directed by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994 (the 1994 HPSS Order). The Trust has continued to meet its statutory obligation to put and keep in place arrangements for monitoring and improving the quality of social work services.

There are mechanisms in place within the Trust to provide assurance that professional leadership and the control and management of professional and regulatory issues pertaining to the statutory functions are reviewed at regular intervals. The Trust has a Social Care Governance Forum which takes place 8 months of the year specifically focusing on the delivery of statutory functions. Areas of development, improvement and risk relating to statutory functions are progressed there.

Emerging pressures and risks associated with statutory functions are escalated regularly through the Trust's Integrated Assurance Framework via the Safety and Care Quality Steering Group and through the Standards, Compliance & Regulation Steering Group. Key themes, risks, control and mitigations are presented through to the Trust's Assurance Committee and finally to Trust Board. On regular occasions throughout this reporting period, the Trust has presented challenges associated with statutory functions and appraised Trust Board of the control measures in place to mitigate risk.

There are a number of emerging/developing pressures and risks associated with the delivery of statutory functions. This reporting period has continued to be very challenging with demand continuing to grow whilst experiencing unprecedented staffing challenges.

Workforce Challenges

The current workforce arrangements present a significant challenge. This is also in the context of increasing demand for services, as indicated in the datasets. Recruitment of social work staff in particular areas of social services is difficult. Where teams are staffed well there is a disproportionate number of newly qualified staff. The Trust has put in place strategies to recruit and retain staff including introducing new recruitment pathways, different skill-mixes, additional administrative support, and mentoring/coaching networks for frontline social workers.

Approved Social Work (ASW)

The ASW service has remained under pressure during the reporting period. Whilst the number of referrals has not increased significantly, the number of admissions has increased by around 20%. The ongoing mental health bed crisis coupled with NIAS/Police Service of Northern Ireland (PSNI) interface issues has resulted in protracted waits on numerous occasions. The ASW leads are continuing to work alongside the Strategic Planning and Performance Group (SPPG) and DoH to explore solutions to these issues.



Unmet Domiciliary Care Need

Due to demographic growth, there is a continued challenge in meeting demand in numerous areas of the Trust, blackspots continue. Risk Management frameworks are used to monitor individual need and associated risk.

Care Management Reviews

Overall, 27% of service users in adult's services have not received an annual care review due to the impact of absence and vacancies and the increase in new referrals in this reporting period. Trust action plans to improve this position are monitored regularly and accountability reporting is in place via the Social Care Governance Steering Group.

Adult Safeguarding Reform

The Trust has conducted a review of the professional oversight arrangements for Designated Adult Protection Officers (DAPO). Work has commenced to develop an options appraisal paper to illustrate how the management structure for adult protection services can be strengthened.

Looked After Children (LAC) Population

At the end of March 2023 there were 774 LAC, an increase of 108 children since March 2020 (Pre-COVID-19).

Placements in Adults and Children's Services

The continued and growing pressure on the looked after children system and in particular, the unavailability of placements, has resulted in an increase in the number of children in inappropriate, unregulated placements.

On occasions, the Trust is unable to meet the demands for specialist bed-based placements within adult services, which results in bespoke placements being designed within a community setting. Trackers are in place to monitor these arrangements closely.

Statutory LAC Reviews

In the reporting period, there were 60 LAC reviews held outside of timescales as a direct result of the significant staffing shortfall across the LAC teams. A number of reviews also continue to be impacted by delays in expert reports being provided in court proceedings to support care planning. The Trust continues to monitor the review position weekly and takes a targeted approach by moving staff around teams to address review cycles.

Fostering Reviews

A targeted approach to outstanding reviews remains in place. Risk pressure meetings with the Head of Service continue to take place.

Unallocated Cases in Children's Services

The Trust has established a range of processes to monitor unallocated cases. Unallocated activity remains an area of risk for the LAC, Gateway and Family Support and Intervention Teams (FSIT). As at the end of March 2023 there were 59 FSIT cases and 98 Gateway cases waiting longer than 20 days and 156 LAC with no allocated social worker. This unallocated activity is a direct consequence of staff vacancies. The Trust continues to monitor and control the level of unallocated activity. Within LAC services, each child continues to be seen regularly by another member of staff.



Domestic Homicide Reviews

In this reporting period the Trust has provided five independent learning reports to the Department of Justice, these reports identify areas of good practice and make recommendations on how support to victims and perpetrators can be improved; these recommendations have not directly impacted on the Trust's statutory functions.

Children with a Disability

The primary pressure relates to a shortfall in Short Break provision for Children with challenging behaviour. An independent sector 3-bedded resource was closed to admissions for 16 months following an RQIA inspection. Permanent placements remain unavailable and currently there is a system pressure for three children who require accommodation.

SOCIAL CARE

Child Protection

Regional Child Protection Procedures require children identified as being at risk to be seen within 24 hours. Overall, 100% children or young persons in the Trust were seen by a Social Worker within 24 hours of a child protection referral being made during 2022/23.

Looked After Children

Children 'Looked After' by Health and Social Care Trusts must have their Care Plan reviewed to ensure the care provided meets their needs. A total number of 894 reviews were held; 14 were outside agreed timeframes. Therefore 92% of 'Looked After' Children within the Trust had reviews held within regionally agreed timescales.

Permanency Planning

Every 'Looked After Child' needs certainty about their future living arrangements and must have a Permanence Plan that supports this. Overall, 100% (764) of Looked After Children in care for more than 3 months during 2022/23 had a Permanence Plan in place.

Leaving and Aftercare

Research tells us that young people who leave care do not always achieve the same levels in education, training and employment as others in the community. Overall, 100% (104) eligible/relevant young people leaving care in the Trust are in education, training and employment as at March 2023.

Transition Planning

For children with a disability there is a process to support effective transitions from Children's to Adult Services. Early collaboration between Children and Adult Services enables Adult Services to anticipate service demands enhancing the quality of care delivered.

Direct Payments

The Trust promotes Self-Directed Support (SDS) to give people choice and independence about how their care is provided. Direct Payments is one method of SDS. During the period 2022/23, a total of 709 adults and 194 children received Direct Payments.

Carers Assessments

Carers must be offered individual assessments to support them in their role. During 2022/23, a total of 7,014 Carers' Assessments were offered within the Trust.



LEARNING DISABILITY

Resettlement/Hospital Discharges

The Muckamore Abbey Hospital Resettlement Plan will enable individuals who have been in long stay care, to transition out into the community, improving their quality of life and fundamental human rights, and is a priority for HSC Trusts and Department of Health. As a result of dynamic planning, multi-disciplinary and partnership working, seven individuals have been discharged from Muckamore Abbey Hospital to their new homes in the community in the last year, and plans are in place for those not yet accommodated, to be resettled over the coming twelve months.

Annual Health Checks

Enhanced services by GPs, which includes annual health checks for people with learning disability, were reintroduced in April 2022, but then suspended from December 2022 until March 2023.

Trust Healthcare Facilitators (HCFs) have continued to engage with GP practices and by doing so they have ensured that the GP registers for people with learning disability are kept up-to-date.

The HCFs completed some health checks across the Trust, either in service users' own homes or in a clinic setting. Other settings are considered depending on the service users' needs and wishes.

During the reporting period, 947 health checks were completed by GPs and 125 were completed by HCFs.

The HCFs continue to liaise with GP practices and work closely with them to ensure that annual health checks are completed in a timely fashion.

Adult Safeguarding

The Trust responded to 1,594 Adult Protection Safeguarding referrals this year, an increase of 576 cases from the previous year.

Approved Social Work

A consultation exercise undertaken with ASWs and their managers in May and June 2022 sought to inform an evaluation of the revised ASW service model introduced in November 2017. Quantitative and qualitative data was gathered from ASWs and their managers through a survey and consultation via the ASW forum and table discussions at the ASW 'Away Day'.

The results indicate ASW's overall satisfaction with the service model, more effective management of referrals, an improvement in service delivery and perceived better outcomes for patients and carers/families, (compared to the previous model). Issues raised included frequency on the rota (partly due to the impact of increased sickness levels), the ASW manager role, and the impact on the ASW's day-to-day work and team.



Under Mental Health (NI) Order 1986 (MHO) legislation there is a requirement for ASWs to undertake Mental Health Order Assessments. These assessments are for patients presenting with acute mental illness and who present as a substantial risk of harm to self or others, where there are no lesser restrictive options to manage their care and treatment. Whilst legislation does not exclude a family member making such an application, good practice indicates such applications should be made by an ASW. During the reporting period April 2022 to March 2023, there were 309 requests for Mental Health ASWs in the Trust.



LEARNING FROM COVID-19



LEARNING FROM COVID-19

This has been a year of gradual stabilisation for the Trust as it moves out of the COVID-19 pandemic, with a focus on rebuilding and reshaping services, while continuing to manage the disease.

The pandemic significantly tested the resilience of staff to work in new and resourceful ways as they adjusted to working with COVID-19 requirements and restrictions, while navigating the pandemic on a personal level. The Trust is very proud of the commitment and dedication of its teams on their response during periods of great uncertainty for their service users, patients and families, their own health and that of their families.

This level of commitment continues to be evident as the Trust navigates out of the pandemic and this report has set out in detail the learning from the pandemic across the wide range of Trust services, and how this learning has and is being utilised to reshape and rebuild services.

Trust commitment to supporting and nurturing staff, enabling talent and building teams was recognised with the gaining of enhanced Investor in People Silver Accreditation in January 2023. The Trust also launched a post-COVID-19 Vocational Rehabilitation Staff Programme, providing support, advice and rehabilitation for staff experiencing symptoms beyond 4 weeks, following a COVID-19 infection. In response to the pressures and demands placed on staff during the COVID-19 pandemic, the

Trust introduced a 'Wellbeing Appraisal' and this was maintained during 2022/23, to encourage compassionate conversations between managers and staff. Moving into 2023/24, the Trust will be launching a revised approach to appraisal, to incorporate the Team North objectives and values alongside the wellbeing conversation.

New ways of working for staff and teams introduced during the pandemic have continued where appropriate, including ability to work remotely and meetings moving to virtual platforms. This has increased the flexibility of the workforce and allowed teams to meet and communicate in an efficient and effective way.

The Trust has continued to rebuild its elective services, with face-to-face assessments increased this year, with virtual platforms for assessment, treatment and care that worked well during the pandemic being retained. Challenges from the pandemic period remain for the delivery against DoH targets, with impacts for those areas where targets were not met including: increased staff sickness (including COVID-19 absence), increased vacancy rates and lack of availability of agency and locums to cover, physical distancing regulations, increased Did Not Attend (DNAs) and late cancellations, lower uptake of services associated with COVID-19 fears, increased complexity of patients being seen and new service delivery models including currently uncounted currencies such as Active Clinical Triage, Direct To Test and Ambulatory Care Pathways.



The Trust continues to monitor performance of DoH targets through its Performance Management Framework, which reports into the Trust Integrated Governance and Assurance Framework to Trust Board.

During the pandemic, the Trust worked in co-ordination with the region to make use of available resource and direct patients to the care available. The Trust has contributed to regional initiatives aimed at improving elective care such as the Rapid Diagnosis Centre in Whiteabbey and the Regional Cataracts service in Mid-Ulster Hospital. This year saw the decommissioning of Whiteabbey Enhanced Therapies and Rehabilitation Unit, a regional post-COVID stepdown facility. The Trust recognises the need to continue to explore and accept change to sustain the ability to provide services across its population.

As we move out of the pandemic the demand for mental health services has grown considerably, with the Trust, in line with the region, experiencing very significant pressures across its mental health facilities. The Trust's new purpose-built mental health inpatient facility is progressing through design and planning stages.

The Children and Young People's division has also seen increased demand for services post-COVID-19 with significant increase in the numbers of children needing to be supported, protected and looked after.

Work is in progress to match children and young people to appropriate placements, including the planned opening of a new children's home. Regional work in the recruitment and retention of social work staff is in progress to improve the position locally and regionally.

Day services fully remobilised in the summer of 2022 following the COVID-19 downturn and has been built upon to provide further opportunities in community-based centres and with social farming contracts.

Overall, Trust management structures and the teams within and across those structures have learnt to be responsive to a fast changing pace during COVID-19, and the flexibility and openness to different ways of working to deliver safe and effective care developed during this time are being capitalised on as we move on from the pandemic to a period of rebuild and reform.

